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RMRP 2022

REGIONAL REFUGEE AND MIGRANT RESPONSE PLAN (RMRP)

January - December 2022



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FOREWORD

By Eduardo Stein

Latin America and the Caribbean are witness to the largest flow of refugees and migrants in the region's history. More than six million refugees and migrants from Venezuela have left their country of origin, with more than five million being hosted in the region. The COVID-19 pandemic has deepened pre-existing inequalities and increased the vulnerability of refugees and migrants in society. The effects on the living conditions, security, dignity and health of refugees and migrants from Venezuela and their host communities have been dramatic.



During 2021, we observed what has been a growing trend since the beginning of the pandemic: resorting to irregular routes and informal border crossings due to largely closed borders, facing despite at-times drastic mobility restrictions aimed to curb the spread of COVID-19, adverse climatic and environmental conditions, blizzards, perilous roads, jungles and rivers, and increasingly exposed to human trafficking, as well as to exploitation and abuse at the hands of smugglers and other criminal networks – all in search of protection, access to basic goods and services, and a better future. By September 2021, R4V partners implementing a broad range of activities under the regional Refugee and Migrant Response Plan (RMRP) had provided assistance to more than 2.6 million refugees and migrants from Venezuela and members of affected host communities, but we will need to significantly scale up our efforts to ensure we continue reaching the most vulnerable with humanitarian, protection and integration support.

The RMRP 2022 was developed in accordance with regional planning assumptions arising from extensive consultations carried out by the Regional Platform with stakeholders and R4V actors from across all 17 countries in which the RMRP is implemented. The development of these regional planning assumptions reflects the complex and dynamic situation affecting refugees and migrants, as well as their host countries. In particular, increased movements witnessed in the second half of 2021 – which saw the relatively new phenomenon of onwards movements, including on northern routes – remind us of the need for partners to respond in an agile manner in support of and to complement the efforts of host authorities.

Four years since its creation, the Regional Platform is increasingly interconnected with other important regional fora related to the response to the crisis, such as the Quito Process, currently led by the Government of Brazil, while leveraging the unwavering support of the international community through International Donor Conferences and collaboration with international financial institutions (IFIs), the private sector and development actors.

The RMRP 2022 introduces some notable improvements, including the measurement of R4V actors' impact on the situation of refugees and migrants from Venezuela against the global Sustainable Development Goals (SDG) indicators; greater levels of transparency in the activities of partners and

their implementation across all countries of the region; and greater operationalization of global commitments on Protection from Sexual Exploitation and Abuse (PSEA), Accountability to Affected Populations (AAP) and environmental standards. Of particular note is the focus on localization in the 2022 RMRP, which now includes 23 refugee- and migrant-led Venezuelan diaspora and community-based organizations having become R4V appealing organizations (equivalent to 12 per cent of all appealing partners), leading to even greater ownership of the response by affected refugees and migrants.

Against the background of a year that saw COVID-19 becoming a determining factor of everyday life, I would like to acknowledge and highlight the importance of host countries' increasing inclusion of refugees and migrants from Venezuela in their response and recovery plans, as well as the important commitments made to reduce the situation of irregularity in which many refugees and migrants across the region find themselves. I am confident that through these concerted efforts we will see them benefitting from greater access to health, education, protection and socio-economic inclusion opportunities, allowing refugee and migrant communities across the region to further demonstrate their added value to their host communities. Through a broad range of activities contained in this RMRP, and an impact-oriented collaboration with the Quito Process, R4V actors will assist host governments in transforming the widespread irregularity of refugees and migrants into a situation conducive for sustainable integration in their host communities.

The RMRP 2022 represents the strong commitment of 192 R4V partners to work jointly and through a coordinated sectoral structure on the complex challenges affecting refugees and migrants from Venezuela and host communities. I am confident that through these collective efforts and the support of the international community, the RMRP 2022 will effectively enhance and complement the responses of governments in the region.

EDUARDO STEIN

**UNHCR-IOM JOINT SPECIAL REPRESENTATIVE
FOR VENEZUELAN REFUGEES AND MIGRANTS**



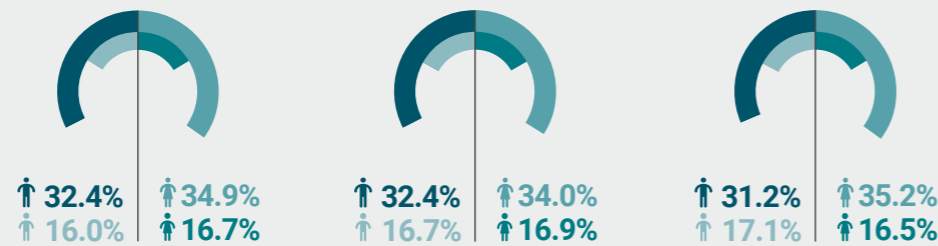
REGIONAL

REGIONAL AT A GLANCE



	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED
VENEZUELAN IN DESTINATION	6.05 M	4.6 M	2.55 M
VENZUELAN PENDING	1.87 M	1.12 M	202 K
COLOMBIAN RETURNEES	980 K	645 K	241 K
HOST COMMUNITY	-	2.03 M	824 K
IN TRANSIT**	600 K	458 K	348 K

GENDER DISAGGREGATION



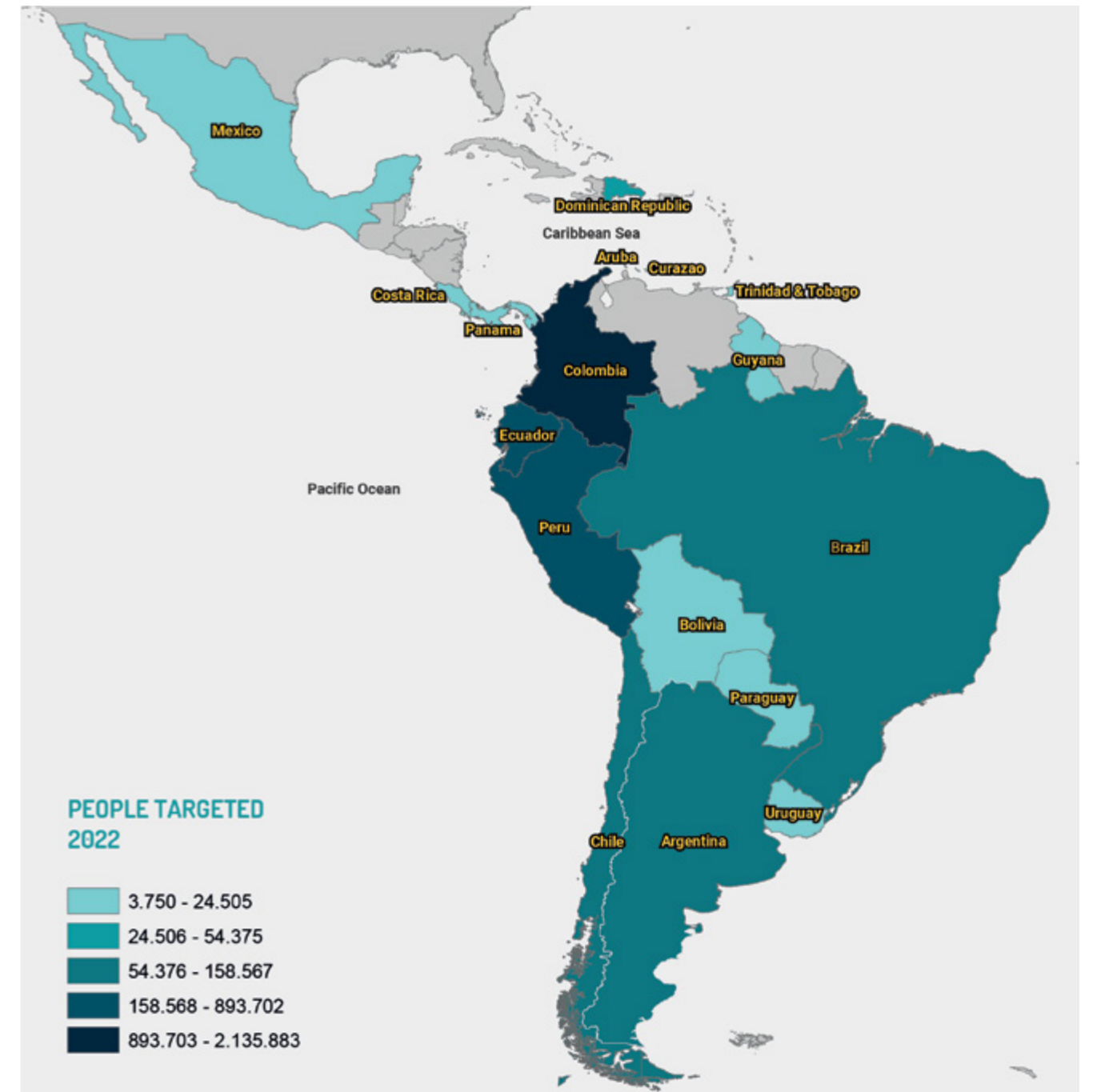
TOTAL REQUIREMENTS
\$1.79 B

RMRP PARTNERS
192

* Host communities are not included in this graph as there is no population projection.

** Figures for refugees and migrants in-transit to other countries are not included in the totals on the top as they can be -by definition- recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.

FUNDING REQUEST AND BENEFICIARIES TARGETED



COUNTRY	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Colombia	5.51 M	4.83 M	2.14 M	\$ 802 M
Peru	1.57 M	1.70 M	894 K	\$ 304 M
Ecuador	803 K	873 k	548 k	\$ 288 M
Chile	562 K	481 K	159 K	\$ 59.5 M
Brazil	336 K	312 K	129 K	\$ 126 M
Argentina	190 K	225 K	106 K	\$ 23.2 M
Dominican Republic	121 K	99.1 K	54.4 K	\$ 24.3 M
Trinidad & Tobago	34.1 K	35.3K	24.5 K	\$ 20.8 M
Mexico	91.4 K	56.0 K	23.2 K	\$ 6.15 M
Panama	128 K	93.9 K	21.29	\$ 8.51 M
Bolivia	13.5 K	33.2 K	13.7 K	\$ 8.77 M
Guyana	28.9 K	29.5 K	13.7 K	\$ 10.5 M
Curaçao	19.0 K	19.1 K	12.2 K	\$ 7.28 M
Costa Rica	31.1 K	25.1 K	11.1 K	\$ 9.40 M
Uruguay	19.2 K	15.1 K	7.68 K	\$ 7.97 M
Aruba	19.0 K	21.2 K	6.67 K	\$ 5.27 M
Paraguay	7.23 K	10.9 K	3.75 K	\$ 6.68 M

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	International NGOs	National NGOs / CSOs [†]	Others [‡]	UN Agencies
Financial requirements	17.8%	1.91%	3.75%	76.5%
Organizations	62	79	36	15

[†] Civil Society Organizations.
[‡] Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

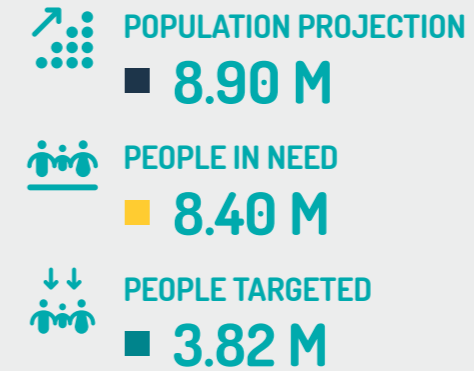
Sector	People in need (PiN)	Targeted In need	People targeted	Financial requirements (USD)	Partners
Education	4.48 M		806 K	100 M	67
Food security	6.9 M		2.11 M	283 M	63
Health	6.81 M		2.72 M	230 M	86
Humanitarian Transportation	994 K		103 K	11.6 M	21
Integration	7.55 M		950 K	381 M	114
Nutrition	2.83 M		188 K	8.67 M	13
Protection*	6.84 M		1.29 M	220 M	109
Child Protection	2.52 M		306 K	53.0 M	48
Gender-Based Violence (GBV)	1.82 M		510 K	44.1 M	55
Human Trafficking & Smuggling	1.46 M		42.2 K	13.6 M	26
Shelter	5.47 M		580 K	112 M	52
WASH	4.87 M		1.09 M	65.3 M	55
Multipurpose Cash Assistance	-	-	902 K	201 M	55
Common Services**	-	-	-	62.6 M	55

* This includes Support Spaces

** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Management, PSEA and Reporting.

KEY FIGURES BY NATIONAL AND SUB-REGIONAL PLATFORMS

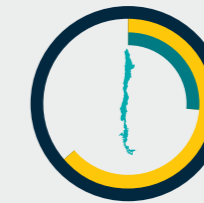
REGIONAL



BRAZIL



CHILE



COLOMBIA



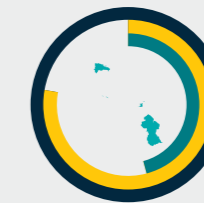
ECUADOR



PERU



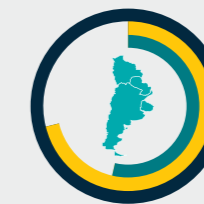
CARIBBEAN



CENTRAL AMERICA & MEXICO



SOUTHERN CONE



REGIONAL BACKGROUND & CONTEXT

Over the course of the four years of its existence, the Regional Inter-Agency Coordination Platform (also known as “Response for Venezuelans” or “R4V”) and its partners have continuously expanded their efforts to respond to the unprecedented outflow of refugees¹ and migrants from the Bolivarian Republic of Venezuela (hereinafter “Venezuela”). Compounded by the impact of the COVID-19 pandemic, the concerning political, human rights and socio-economic situation in Venezuela has severely tested the capacities of authorities, host communities and the international aid community.

By end-2021 there were more than 6 million refugees and migrants from Venezuela outside their home country.² The 17 countries of Latin America and the Caribbean that are covered by this Regional Refugee and Migrant Response Plan (hereinafter “RMRP” or “Response Plan”) are hosting an estimated 84 per cent of all refugees and migrants from Venezuela, amounting to some 5 million.³

As reflected in the population projections for this Response Plan and in line with the monthly population updates published by the Regional Platform on r4v.info, persistent outflows of thousands of refugees and migrants from Venezuela coupled with considerable transit and onward movements between countries characterize the movement dynamics in the region. In parallel, the majority of refugees and migrants from Venezuela have spent multiple years in their host countries. As a result, needs of refugees and migrants from Venezuela go beyond immediate life-saving interventions, and include access to asylum and regularization, longer-term protection, self-reliance and integration.

Despite the generosity of host communities and governments, refugees and migrants across the region face increasing challenges related to growing unemployment and poverty, constraints accessing education and basic services as well as serious protection risks linked to widespread irregularity. The devastating impact of COVID-19 has further aggravated vulnerability and dependence on assistance – as reflected in the increased needs detailed in the RMRP 2022.

Since the onset of the Venezuela crisis, United Nations (UN) agencies, international and national Non-Governmental Organizations (NGOs) and civil society actors (including refugee- and migrant-led diaspora organizations, faith-based organizations and the Red Cross Movement⁴) have complemented the response efforts of host governments through a regionally coherent and consistent Response Plan. The RMRP, now in its fourth iteration, is a comprehensive,

integrated, inclusive and regional strategic response and advocacy tool to support country and sub-regional operations, and to systematically support refugees and migrants from Venezuela, as well as affected host communities and governments.

Coordinated through the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR)-led Regional Inter-Agency Coordination Platform (R4V), the RMRP: (i) drives consistent advocacy and fundraising efforts to the benefit of R4V actors; (ii) ensures an informed, efficient and coordinated response; (iii) promotes positive policies and related dialogues for refugees and migrants, including with the Quito Process⁵; (iv) convenes different stakeholders, including R4V response actors, host governments, donor community and affected refugee and migrant communities; and (v) delivers humanitarian and development-focused assistance.

The above elements are developed through an intra-regional and field-driven strategic planning process, bringing together 192 appealing organizations, in consultation with host governments, refugee- and migrant-led organizations and the donor community. The structure of the RMRP reflects the sectoral logic of the Regional Inter-Agency Coordination Platform, where all strategies and activities articulated in this Response Plan have been reviewed and cleared by the different Platforms and Sectors, both at the regional and national/sub-regional levels.

Considering the political and socio-economic developments in Venezuela, as well as in some host countries, and the ongoing impact of the COVID-19 pandemic, the outlook for 2022 remains complex and fragile. In maintaining the agile character of the RMRP, R4V actors commit to systematically, regularly and transparently reporting on their implementation and activities using the dedicated monitoring and reporting framework of the RMRP, and on corresponding financial contributions received using the Financial Tracking System of OCHA (FTS), while remaining highly responsive to new challenges and developments impacting on the situation of refugees and migrants from Venezuela as well as affected host communities.

COVID-19

Almost two years since its emergence, COVID-19 has altered and become part of everyday life for nearly every person on the planet. Like elsewhere, in the 17 RMRP countries, movement restrictions, sanitary precautions, regular testing requirements and vaccination passes have become an integral part of daily routines, including to access services and work, education and travel.

Since being declared a global pandemic, COVID-19 has officially claimed some 5.2 million⁵ lives (2.4 million alone in Latin America and the Caribbean), while there is a high likelihood of this pandemic having actually claimed the lives of between 10.9 and 20.3 million persons.⁶ Following the availability and rollout of a dozen vaccines and treatments, coupled with the realization that eradicating COVID-19 is impossible, societies around the world have identified means to live with the disease.

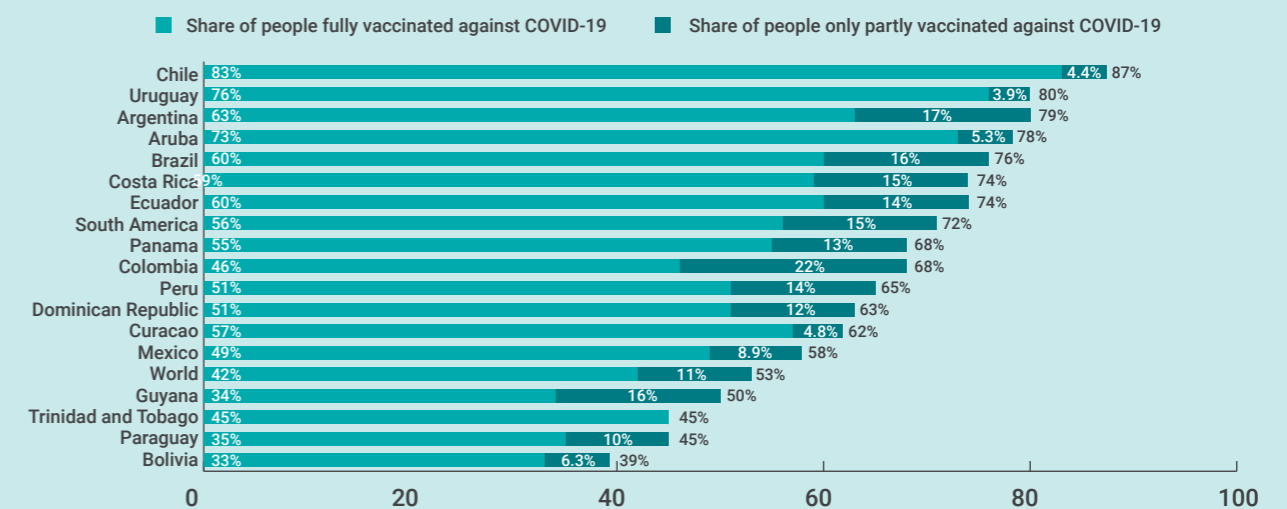
The most important development to address the COVID-19 pandemic has been the successful rollout of vaccines. By end-November 2021, some 65 per cent of persons in Latin America and the Caribbean were at least partially vaccinated; almost 50 percent were fully vaccinated.⁷ This relatively higher average than the global situation (49 per cent of the world’s population has so far received at least one dose of a COVID-19 vaccine) takes into account the notable achievements in Chile and Uruguay, where 83 and 76 per cent, respectively, of the populations were fully vaccinated (and an additional 4 per cent were partially vaccinated in both countries).

In line with the broad advocacy of the Regional Platform⁸, 2021 saw all countries covered by the RMRP including refugees and migrants from Venezuela in their vaccination campaigns. This has been achieved despite logistical and other challenges posed by the ever-high rates of irregularity and the need to ensure full vaccination, in many cases requiring two doses within a timeframe of 1-2 months. 2022 will see the additional challenge of addressing the diminishing effect of vaccines over time, as well as the occurrence of additional variants of the virus increasing the chances of getting infected and requiring considerations for boosters to be administered. Governments and public health actors will need to ensure that vulnerable refugees and migrants from Venezuela, including those in irregular situations, remain an integral element of their response strategies.

Reflective of the requirement of governments to mainstream refugees and migrants in their COVID-19 response strategies, R4V actors whose activities form this RMRP 2022 have mainstreamed COVID-19-sensitive approaches and programmatic priorities, including the ongoing provision of personal protective equipment (PPEs) and remote or monetized forms of assistance, into their programming. In as much as activities focus fully on COVID-19-related aspects, like in the RMRP 2021,⁹ they are identified as such.

SHARE OF PEOPLE VACCINATED AGAINST COVID-19, NOV 22, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.

[1] For the purpose of this document and all relating materials, any reference to “refugees” shall be understood to include asylum-seekers.

[2] As of the date of drafting of this RMRP (mid-November 2021). Please see r4v.info for regular updates on population figures.

[3] Ibid.

[4] For the purpose of this Response Plan and all relating documentation, the “Red Cross Movement” shall be understood to include national Red Cross societies, the International Federation of the Red Cross (IFRC) and the International Committee of the Red Cross (ICRC).

[5] Source: World Health Organization (WHO), COVID-19 Dashboard. Accessed 23 November 2021: <https://covid19.who.int/>

[6] Source: The Economist, Estimated global excess deaths, with a 95 per cent confidence level. Accessed 23 November 2021: <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>

[7] Source: Our World in Data. Accessed 23 November 2021: <https://ourworldindata.org/covid-vaccinations>

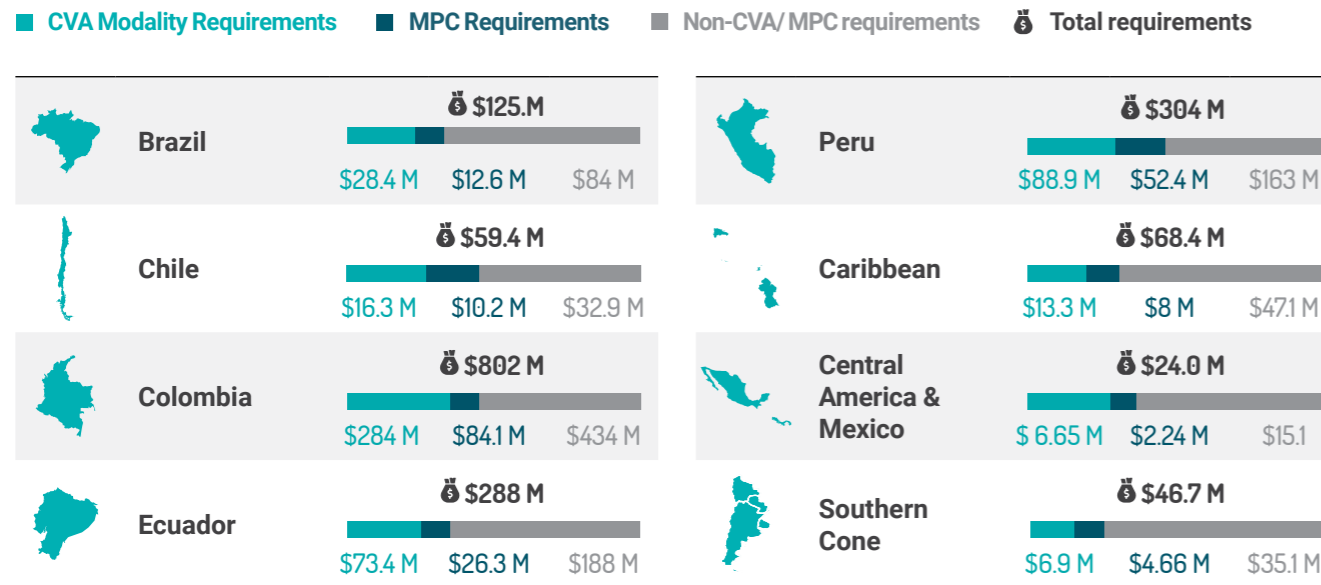
[8] See hereto: R4V Regional Platform, Access for refugees and migrants from Venezuela to COVID-19 Vaccines in RMRP countries, 2021, available at: <https://www.r4v.info/es/documents/details/84972>

[9] <https://www.r4v.info/es/document/rmrp-2021-es>

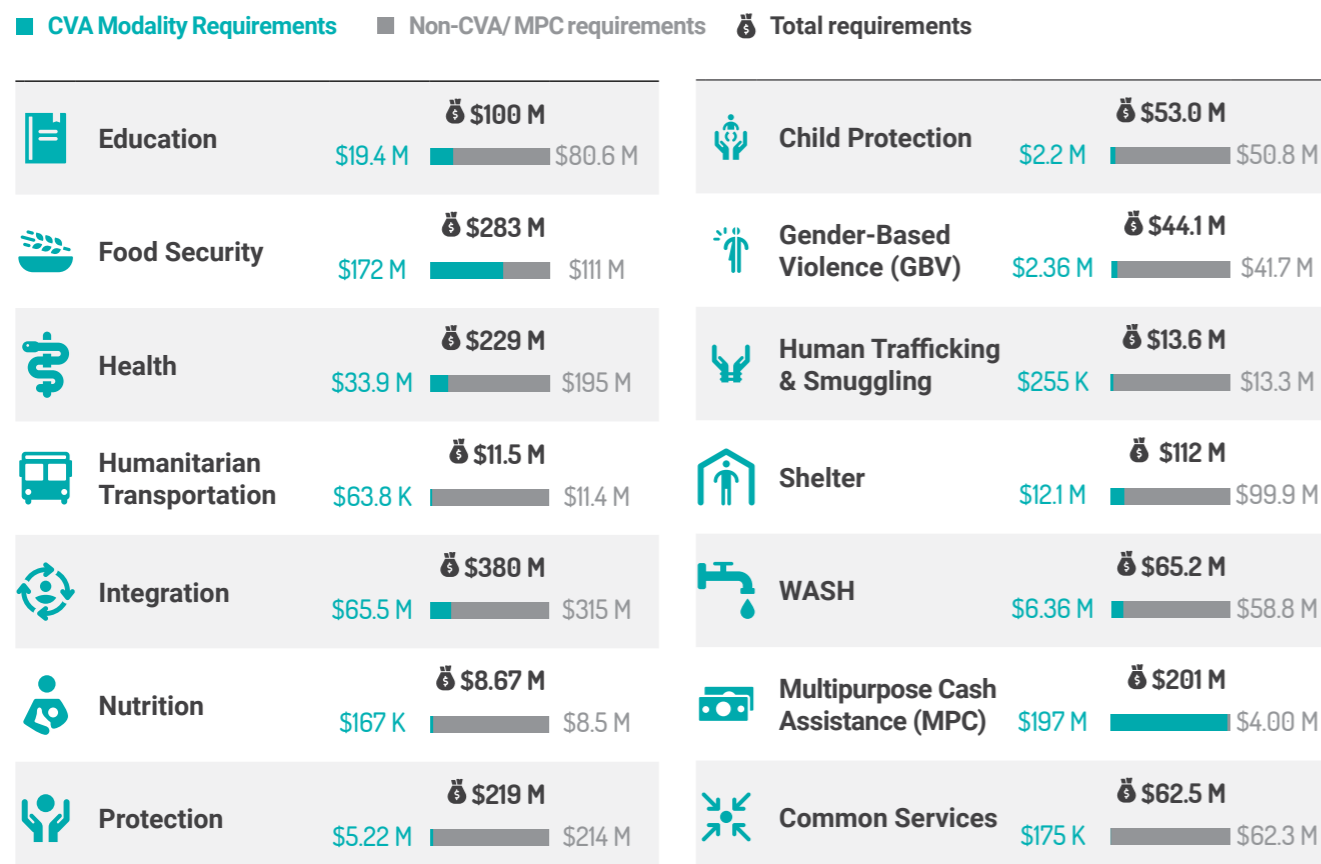
TOTAL CVA REQUIREMENTS



CVA REQUIREMENTS BY COUNTRIES



CVA REQUIREMENTS BY SECTOR



REGIONAL PLANNING ASSUMPTIONS

The outflow from Venezuela and trends in population figures throughout the region have become considerably more complex due to the COVID-19 pandemic, including as increasing vulnerabilities of refugees and migrants from Venezuela have resulted in new population movements. Where movement and travel restrictions continue to apply, refugees and migrants from Venezuela have adopted riskier coping strategies, including irregular means of travel and border crossings. Recognizing the complexity of the development of planning scenarios, the 2022 RMRP takes into account national dynamics (including country-specific socio-economic, political and response capacity-related elements) within an agreed regional planning outlook. To consolidate such a regional planning outlook, the Regional Platform conducted a survey with all R4V partners to benefit from a nuanced and inclusive read-out of expectations and assumptions for 2022. The survey, the results of which were presented and discussed during a plenary meeting of the Regional Platform in July 2021,¹⁰ formed the basis for joint planning assumptions that apply for all 17 countries of the RMRP, while allowing for regional harmonization. It also informed the population planning figures across all 17 countries, as presented in the different chapters of the RMRP 2022. 238 responses (amongst them 55 per cent self-identifying as part of civil society) from across the region were received, which render the results representative of the overall response. The results of this survey are available [here](#)¹¹ and should be consulted for more detail on country-specific results.

Key findings of the survey include that the situation in 2022 will be characterized by continued outflows from Venezuela at an overall moderate rate. This is reflected in the population projections for each country, as validated by each of the host governments. Amongst the reasons provided for the continued, moderate flow (in relation to the numbers of refugees and migrants from Venezuela already outside of their country) are the concerning political, economic and social developments in Venezuela, and the anticipated gradual lifting of travel restrictions in 2022. Most partners considered that additional waves of COVID-19 and a corresponding impact on border controls could not be excluded, and pointed to an overall much more complex situation in the host countries, including as regards access to basic services and COVID-19 vaccinations. In sum, 68 per cent of respondents found that the number of refugees and migrants from Venezuela would be “moderately higher” in comparison to 2021, while only 12 per cent considered that the number would be significantly higher, and 21 per cent maintained that a “marginally higher” number in 2022 would be realistic (the results dashboards [can be consulted](#) for more detail, including on country breakdowns).

Another key regional finding was that R4V partners at large consider that the challenges related to irregularity will further increase in 2022. Across virtually all National and Sub-

regional Platforms, R4V partners noted that regularization will necessarily be a key priority under the RMRP 2022 – with several respondents pointing to encouraging initiatives underway by a number of governments.

As a relatively new phenomenon, R4V partners pointed to secondary and/or onward movements of refugees and migrants from Venezuela, relocating from one host country to another, and on new routes, including northwards. Most R4V partners maintained, however, that outflows from Venezuela and said onward movements within the region would outnumber by far possible return movements to Venezuela. For the most part, R4V partners considered that large-scale forced returns are not expected, but that there is a possibility for some organized forms of deportations from some countries.

Finally, the survey results demonstrate a clear agreement amongst R4V partners that the inclusion of refugees and migrants from Venezuela in national economic and social COVID-19 recovery plans will need to be a key focus of the response in 2022. This finding is in line with the overall much increased number of refugees and migrants from Venezuela that have been found to be in need (see number of persons in need (PIN) under RMRP 2022 key figures).

DEFINITION OF POPULATION GROUPS, NEEDS AND TARGETS

Since the establishment of the Regional Inter-Agency Coordination Platform (R4V) in 2018, the understanding of R4V partners of the diverse needs of different population groups across the various countries of the region has evolved considerably. The high degree of mobility, especially in the second half of 2021, has been compounded by the impact of COVID-19 and measures implemented by governments across the region intended to curb its spread, resulting in a high rate of irregular movements due to sustained border closures.

The groups referenced in this Response Plan and for whom people in-need and target estimations were derived, include:

- **In-destination:** Individuals who have left their usual place of residence to a host country with the intention to remain. Some countries in the region have incorporated an estimation of those in an irregular situation.
- **Pendular movements:** Temporary and usually repeated population movements between two countries, which may represent a movement pattern between Venezuela and another country.

[10] See hereto: RMRP 2022 Key Resources: Planning Assumptions and Scenarios, available at: <https://www.r4v.info/en/keyresources>

[11] Ibid.

- **Returns:** Individuals (non-Venezuelans) who have left Venezuela in order to return to their country of origin.
- **In-transit:** Individuals who have left Venezuela and are transiting through a country prior to entering their intended country of destination; as well as persons who have left a country of destination in order to relocate to another country of destination.
- **Affected host community:** The population of a country that shares the same geographical location with refugees and migrants from Venezuela and are in need of access to similar assistance due to the presence of refugees and migrants from Venezuela.

As highlighted in the previous chapter on the key assumptions for the RMRP 2022, the number of refugees and migrants from Venezuela in irregular situations, which drastically increased throughout 2020-2021, remains a priority concern of the R4V response. Estimates regarding persons in irregular situations are substantiated by joint data collection and analysis carried out in 2020 and 2021 across the region, which also pointed to greater needs in practically all sectors, but particularly in the programming areas of food, shelter, healthcare, Water, Sanitation and Hygiene (WASH), protection, integration and education, often resulting from loss of incomes due to the impact of COVID-19 and related loss of employment. Efforts on the part of national authorities and RMRP partners to quantify and better understand the needs of those in irregular situations have permitted various national authorities to include those in irregular situations in the population statistics, allowing for more accurate response planning and targeting. For the purposes of RMRP planning, people in irregular situations are comprised of two broad categories:

- Those who have crossed international borders without complying with all the legal and administrative requirements for entry into that state. This population may not have the required documentation or resources to do so.
- Those who entered a country through regular means and their regular situation has been impacted various factors that may include but are not limited to expired visas or permits.

Both of these groups are at increased risk of refoulement, human trafficking, exploitation and more broadly at risk of abuse at the hands of criminal networks; face constraints in accessing essential services basic human rights; and face other serious protection and health risks, especially while transiting through the region. 2021 saw commendable efforts on the part of various host governments to address this situation through targeted regularization initiatives. In particular, the Government of Colombia continued extending nationality to all children born to Venezuelan parents in the country, and embarked on a largescale initiative granting a temporary protection status to all Venezuelans (see Colombia national chapter for more information). Similarly, initiatives targeting the situation of irregularity are in place in Brazil, Chile, the Dominican Republic, Peru and Trinidad and Tobago, while the Government of Ecuador is expected to launch a similar initiative in the final months of 2021.

Out of the total estimate of 8.4 million people in need of assistance (PiN) under the RMRP in 2022, some 4.6 million refugees and migrants from Venezuela are projected as being in destination, 1.12 million in pendular situations and 645,235 are returnees from Venezuela. Additionally, it is estimated that there will be 2.03 million members of host communities in need. Of these people in-need, a total of 3.81 million are targeted to receive sectoral or multisectoral assistance through this Response Plan. This target population is composed of 2.55 million in destination, 202,417 in pendular situations and 241,350 returnees. In addition, it is also estimated that 824,218 affected host community members will be targeted with some form of assistance, including particularly vulnerable host community members. R4V partners analyzed their operational and outreach capacities to estimate targets based on realistic assessments to scale-up the response in 2022.

Of the 348,433 refugees and migrants from Venezuela in-transit who will be targeted for assistance in 2022, the majority of transit movements are expected occur along the Andean Corridor (Colombia, Chile, Ecuador and Peru). Moreover, in the last year, in-transit trajectories in the Southern Cone sub-region as well as between Brazil and Peru have become more prominent. Another particularly noteworthy trend of in-transit movements appeared in the second half of 2021, witnessing individuals increasingly moving from Colombia, through the perilous Darien Gap to Panama, with a trajectory to the United States. Owing to the particular complexities of this mixed movement situation along Central America, R4V actors will pay additional attention to the developments and assistance needed along that route in 2022.

In order to avoid double-counting target populations, those in-transit are presented apart, as they will eventually form part of in-destination, pendular or returnee population groups in host countries. Therefore, a projection of this population at country level will be added to countries' planning figures and targets, wherever relevant.

The population projections, estimations of PiNs and targets were developed by National and Sub-regional Platforms with R4V partners and host governments in each country, based on common analyses of needs, and collected through various inter-agency assessments and data sources, including government-led exercises. A successful effort to arrive at age and gender disaggregated data, as well as disaggregation at the admin-level-1,¹² was made for 2022 planning. All figures were validated during dedicated workshops by R4V partners and, wherever possible, with host government authorities.

The various population groups included in this Response Plan reflect the diversity of movements and types of assistance required, and provide an overview for planning purposes. For the purposes of the RMRP 2022, R4V actors were engaged in substantive discussions and collaborative analysis of the diverse profiles and needs of vulnerable groups. These may include women, children, the elderly, indigenous and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) communities, who face considerable risks while on the move and in host countries.

[12] Admin level 1 refers to the largest sub-national administrative unit of measure within a country (examples include departments, states or provinces).

RMRP – STRATEGIC OBJECTIVES AND CONSIDERATIONS

The RMRP encourages the inclusion of refugees and migrants from Venezuela in national systems and planning, promotes self-reliance through livelihoods, education and in other ways, and helps build sustainable capacities of national and local actors to provide basic services.

Since its first iteration in 2019, the RMRP has served to channel some USD 1.55 billion to more than 200 partners to bring about positive change to the lives of vulnerable refugees and migrants from Venezuela as well as affected host communities, while strengthening the capacities of public institutions, also through the convening of the donor community in three International Donors' Conferences.

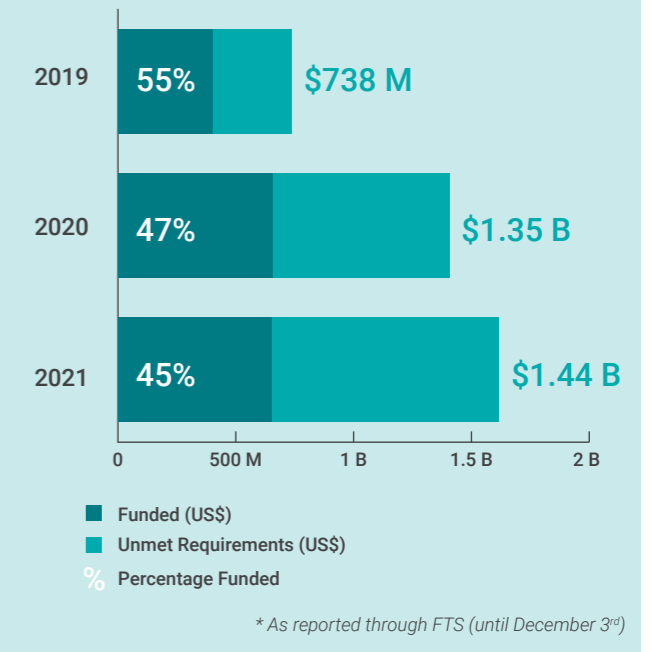
In its fourth iteration, the Strategic Objectives of the RMRP are:

1. Provide and improve safe and dignified access to essential goods and critical services in synergy with sustainable development assistance.
2. Enhance the prevention and mitigation of protection risks, and respond to corresponding needs through supporting the protection environment in affected countries.
3. Increase resilience, socio-economic integration opportunities, social cohesion, and inclusive participatory processes to improve living standards of affected populations.

These objectives aim to improve the living conditions of refugees, migrants and affected host community members, and to provide a foundation for a better future for them, in line with the UN Secretary-General's Agenda for Humanity, the 2016 New York Declaration for Refugees and Migrants, the 2030 Agenda for Sustainable Development, and the Sustainable Development Goals (SDGs), based on the comparative advantages and complementarity of 192 humanitarian and development R4V actors across the region.

Reflective of the anticipated population flows, the RMRP will ensure that humanitarian, protection and life-saving assistance is provided to those refugees and migrants who arrive in a host country, either from Venezuela directly, or as a result of secondary and/or onward movements. In parallel, and recognizing that a majority of refugees and migrants from Venezuela have spent multiple years in their host communities, the RMRP 2022 takes into account longer-term integration and development dynamics. R4V response actors are therefore engaging to a greater extent than before in the development of national and local actors' capacities, including those of host authorities.

FUNDS CHanneled THROUGH THE RMRP: 2019-2021*



To further enhance the RMRP's principles of quality, timeliness and accountability, and building on the improvements developed in 2021, the RMRP's data transparency ecosystem has been further enhanced to permit for full traceability of funding, implementation and resulting impact of R4V activities.

RMRP 2022 AND SUSTAINABLE DEVELOPMENT GOALS (SDGs)

While the governments of all 17 countries covered by the R4V response are committed to the 2030 Agenda for Sustainable Development and the SDGs, the impact of COVID-19 on national economies and social fabric, as well as the continued assistance provided to millions of refugees and migrants from Venezuela has affected host countries' ability to deliver on the 2030 Agenda. Since its inception, the RMRP has strived to complement the efforts of host governments in their response, and to maintain a balance between immediate, life-saving humanitarian assistance, and activities that bridge the humanitarian-development-peace nexus, by responding to the longer-term resilience and integration needs of affected populations and host communities. In this respect, the RMRP builds on the overarching principle of leaving no one behind in the 2030 Agenda for Sustainable Development, and of reducing vulnerabilities and providing sustainable opportunities and

solutions for all women, men, boys and girls affected by the crisis.

National ownership, fulfillment of human rights, multi-stakeholder partnership, innovation and strong accountability and monitoring frameworks, are additional principles of the 2030 Agenda which the RMRP 2022 embodies. To demonstrate the contribution of the RMRP and the activities of R4V actors towards the SDGs and targets, the RMRP's robust and regionally coherent results framework has been complemented by an indicator framework to measure the impact of assistance provided by R4V actors drawing on the established SDG indicator framework (see cross-functional and sector-level indicators for details).

Building on enhanced collaboration with national authorities, this multi-year monitoring and evaluation outlook will permit for the alignment of humanitarian and development-oriented approaches, driving the R4V response, and complements host governments' efforts to integrate SDGs in their national development plans and strategies and to define their national SDG priorities, in turn serving to strengthen the humanitarian-development-peace nexus and to bridge humanitarian and development funding streams to cover critical gaps in the delivery of 'SDG services' across the region.

PARTNERSHIP AND COORDINATION

Since its establishment in 2018, the Regional Inter-Agency Coordination Platform has acted as an inclusive and accountable forum that steers and monitors the operational response under the RMRP. Drawing on experiences from other mixed refugee-migrant situations around the world, and pursuant to the directions of the UN Secretary-General, it is convened by the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) and brings together 192 appealing organizations of the RMRP 2022, host governments and the donor community.

The Regional Platform coordinates the inter-agency response to the unprecedented outflow of more than 6 million refugees and migrants from Venezuela, and close to 5 million alone in the Latin American and Caribbean region.¹³ Over the years, significant response capacities and resources have been mobilized across the region, foremost by the affected host governments, leading at national levels and seeking common solutions at the regional level, most notably through the Quito Process as the main regional intergovernmental forum concerning the impact of the outflows of refugees and migrants from Venezuela across the region.

The RMRP 2022 intends to complement these efforts and the interventions of national and local government authorities in particular, by providing support in areas where specific assistance and expertise is required, or where the governments' own response capacities are overwhelmed. Activities under the RMRP in this regard bridge the nexus between a humanitarian emergency response and the longer-term perspective to build resilience at the individual beneficiary level as well as at the

institutional level. The growing relevance of development-oriented initiatives is reflected, *inter alia*, through the growing engagement and support by international financial institutions, notably the World (WB) and the Inter-American Development Bank (IDB).

The Regional Platform covers interventions across 17 countries of the Latin American and Caribbean region and combines the responsibilities and expertise of UN agencies, international and national NGOs, and civil society, including various diaspora organizations as well as faith-based organizations and the Red Cross Movement, to ensure robust humanitarian, protection and integration responses to the growing needs of refugees and migrants from Venezuela, as well as of affected host communities. The RMRP 2022 benefits from a notable growth in the engagement of civil society actors, in particular the inclusion of now 23 refugee- and migrant-led diaspora organizations. This is reflective of the Regional Platform's commitment to localization through a strengthening of the meaningful participation, representation, and leadership of local and national actors in humanitarian coordination and action, in support of corresponding approaches deliberated in the Inter-Agency Standing Committee's (IASC) Results Group 1 on Operational Response Sub-group on Localization and the Grand Bargain.

At national and sub-regional levels, the Regional Platform is complemented by local coordination mechanisms (National and Sub-regional Platforms) that work in close collaboration with host governments. Such dedicated National and Sub-regional Platforms, tasked with the operational coordination and implementation of the RMRP, are in place in Brazil, Chile, Colombia, Ecuador and Peru – at the national levels – and in the Caribbean, Central America & Mexico and Southern Cone – at sub-regional levels. Their configuration is based on each situational context and the operational capacities of governments and RMRP partners, taking into account existing coordination structures.

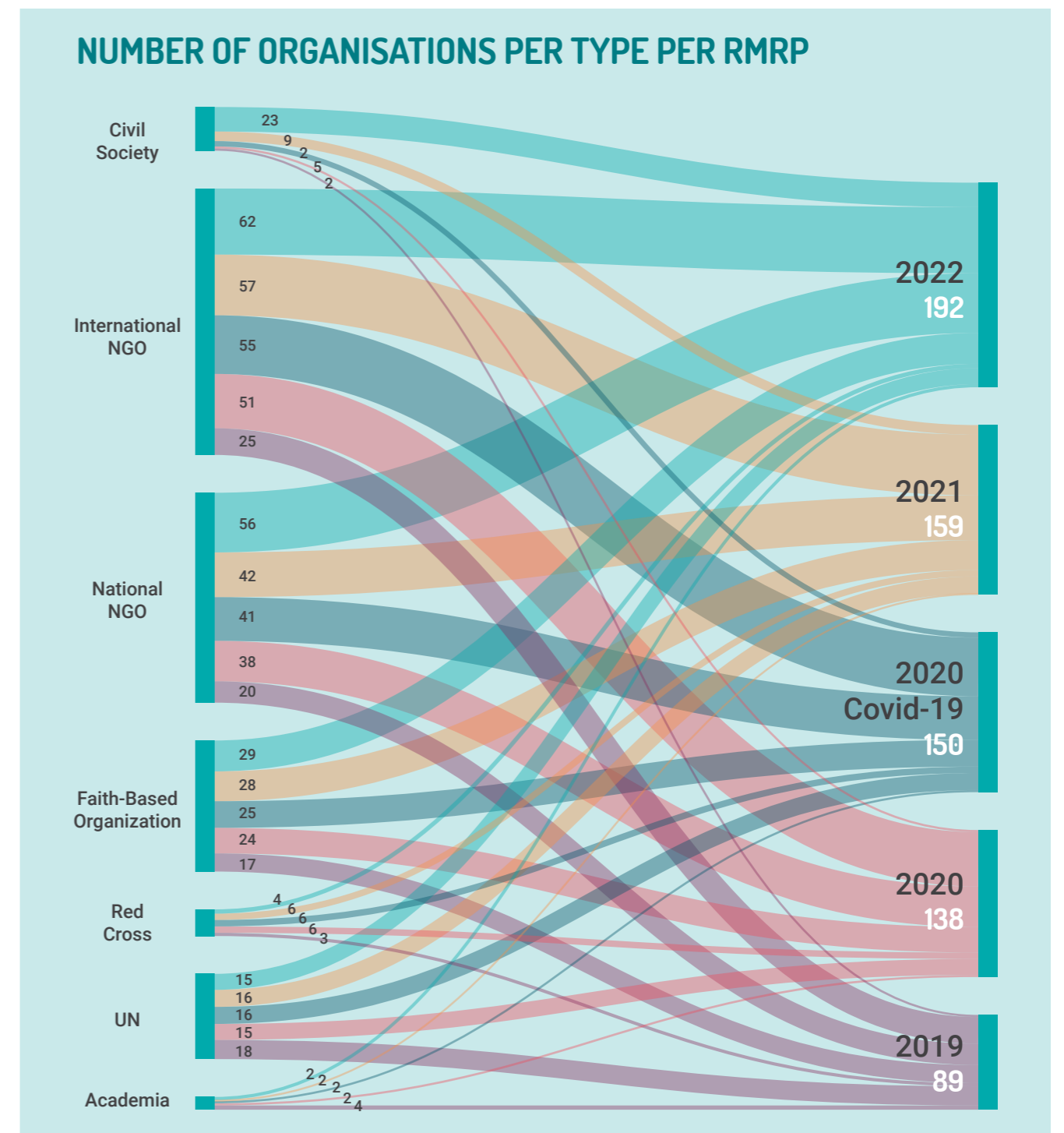
To ensure that the humanitarian, protection and integration needs of refugees and migrants from Venezuela and of impacted host communities are identified, planned for and met, sector groups focusing on education, food security, health, humanitarian transportation, integration, nutrition, protection (including the sub-sectors focused on child protection, Gender-Based Violence (GBV) and human trafficking and smuggling), shelter and WASH are established at regional and national/sub-regional levels. Corresponding to their thematic expertise and competence, sectoral groups at regional level are co-/led by close to 20 different UN agencies and NGOs/civil society actors.¹⁴ The regional coordination team and the sector leads regularly convene with thematic focal points (on Gender; Accountability to Affected Populations (AAP); Protection from Sexual Exploitation and Abuse (PSEA); and Centrality of Protection) and the leads of the different R4V Working Groups (on Cash and Voucher Assistance¹⁵ (CVA); Communication; Communication with Communities/Communication for

Development (CwC/C4D); Fundraising; and Information Management) in the framework of the regional Inter-Sector Coordination Group (ISCG).

Details on country-specific coordination arrangements, operational updates and responses, analysis on movements and other related matters are available on the R4V web portal, which since the relaunch of the webpage in 2021, also features sectoral and country-level subsites (<https://r4v.info>).

By participating in the RMRP 2022, and in order to provide timely and transparent information on the implementation of the RMRP, as well as on the use of resources, all R4V actors commit to engaging in the existing regional, sub-regional and national

coordination mechanisms, adhering to agreed standards specified in the RMRP and complementary sectoral strategies, and to report on their achievements (disaggregated by age and gender) and on funds received through the RMRP's regionally coherent monitoring and reporting framework. Monitoring and reporting procedures are agreed in consultation between the Platforms, and the corresponding data is regularly published on the R4V web portal, while continuously updated financial information is available on the website of OCHA's FTS, as well as on the R4V web portal.

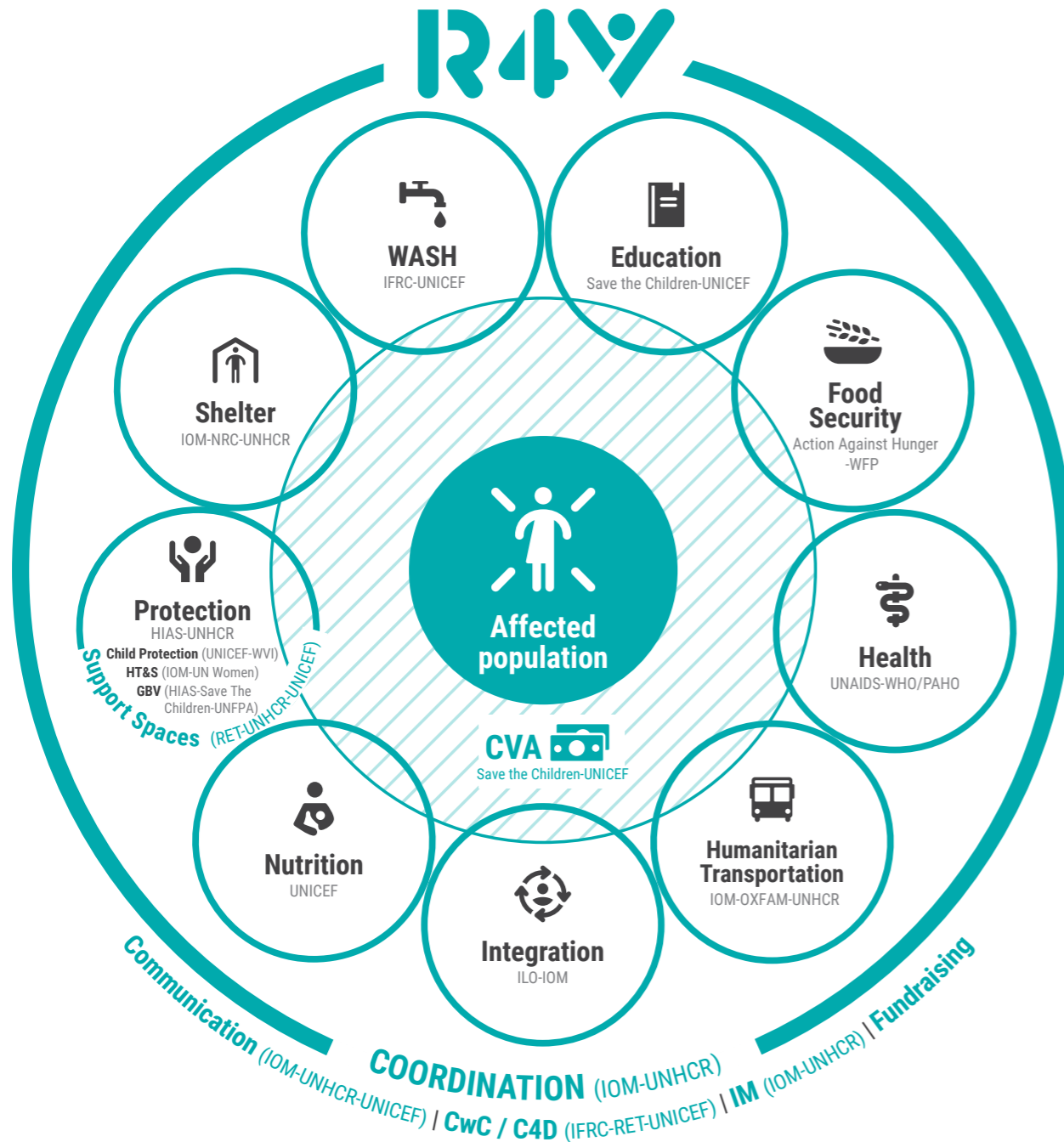


[13] As of November 2021. See R4V Dashboard: <https://www.r4v.info/es/refugiadosymigrantes>

[14] At the time of the drafting of this RMRP, 8 NGOs, the IFRC, and 10 UN agencies led regional Sectors, Working Groups and thematic areas.

[15] The term as Cash and Voucher Assistance (CVA) is used throughout the RMRP 2022, but is equivalent and/or encompasses other terms used in other contexts, such as Cash-Based Interventions (CBI), Cash-Based Assistance (CBA) and Cash Transfer Programming (CTP).

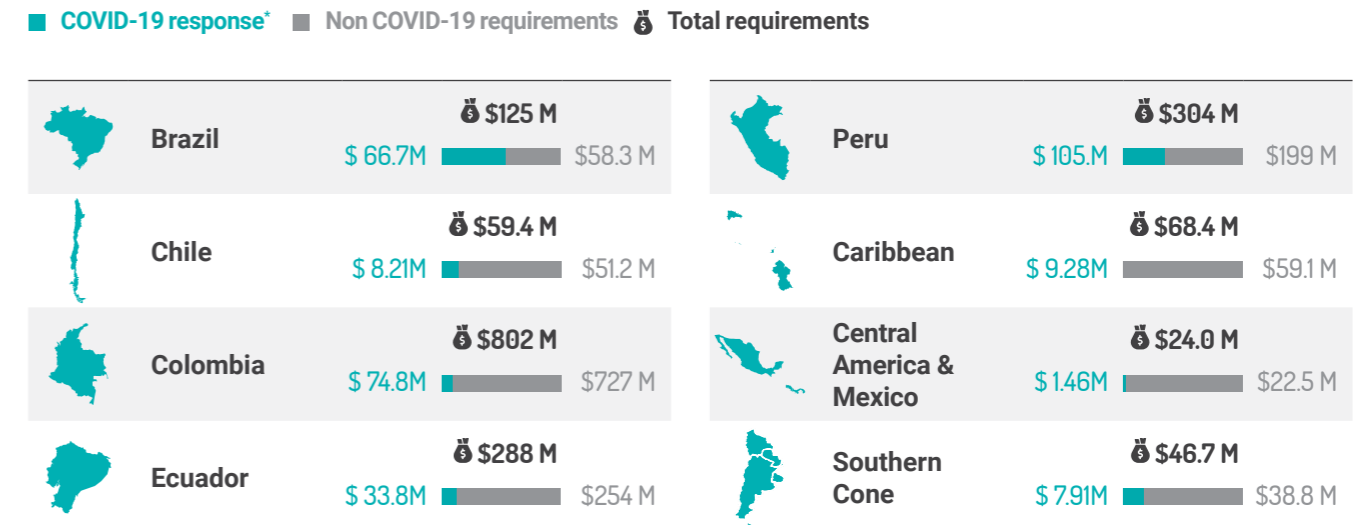
REGIONAL SECTOR STRUCTURE: RMRP 2022



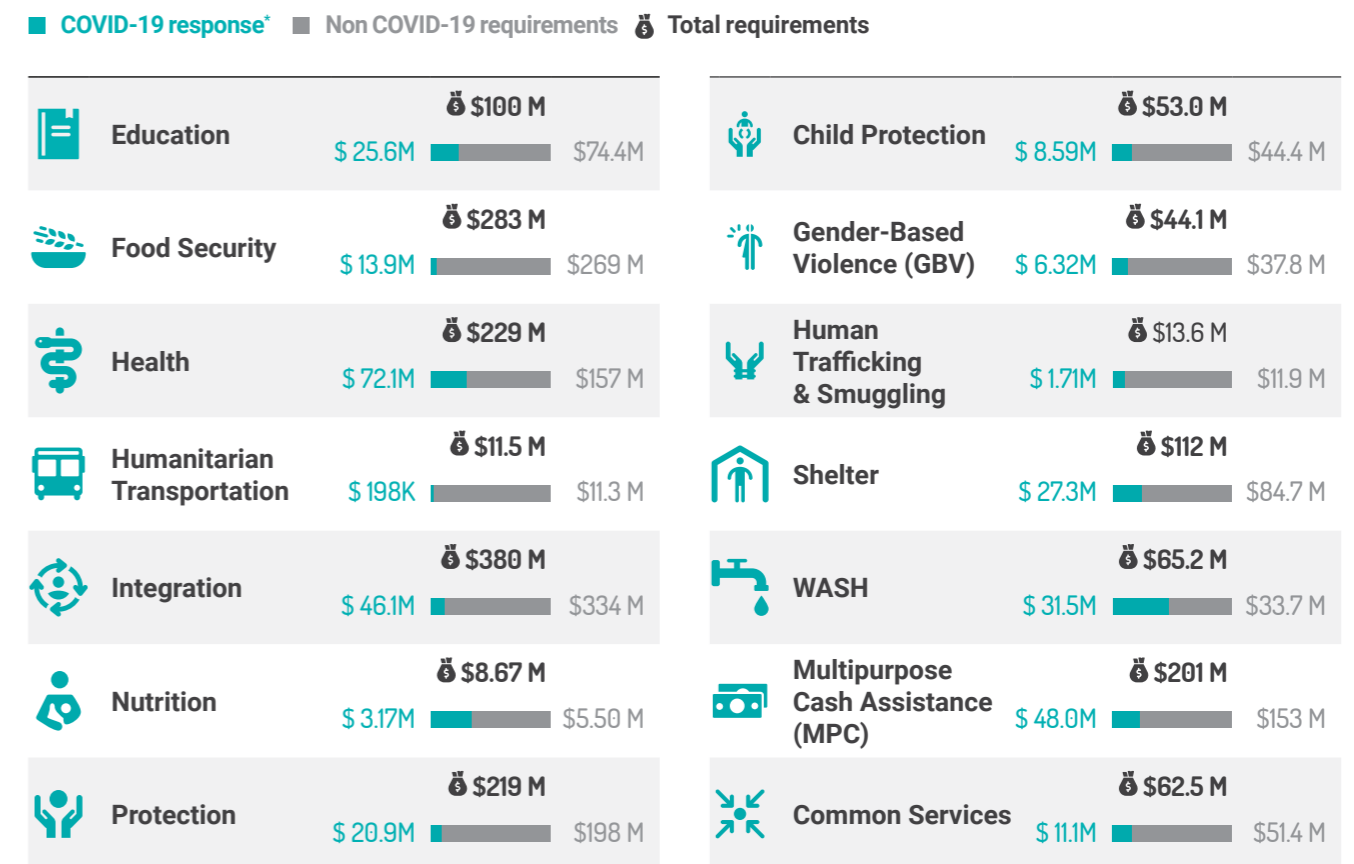
TOTAL COVID-19 REQUIREMENTS



COVID-19 REQUIREMENTS BY COUNTRIES



COVID-19 REQUIREMENTS BY SECTOR



* These are all of the active sectors under the RMRP. Sector lead organizations only represent regional-level leadership.

* Directly related COVID-19 requirements

** This includes Support Spaces

REGIONAL WORKING GROUPS AND CROSS-CUTTING THEMES

GENDER

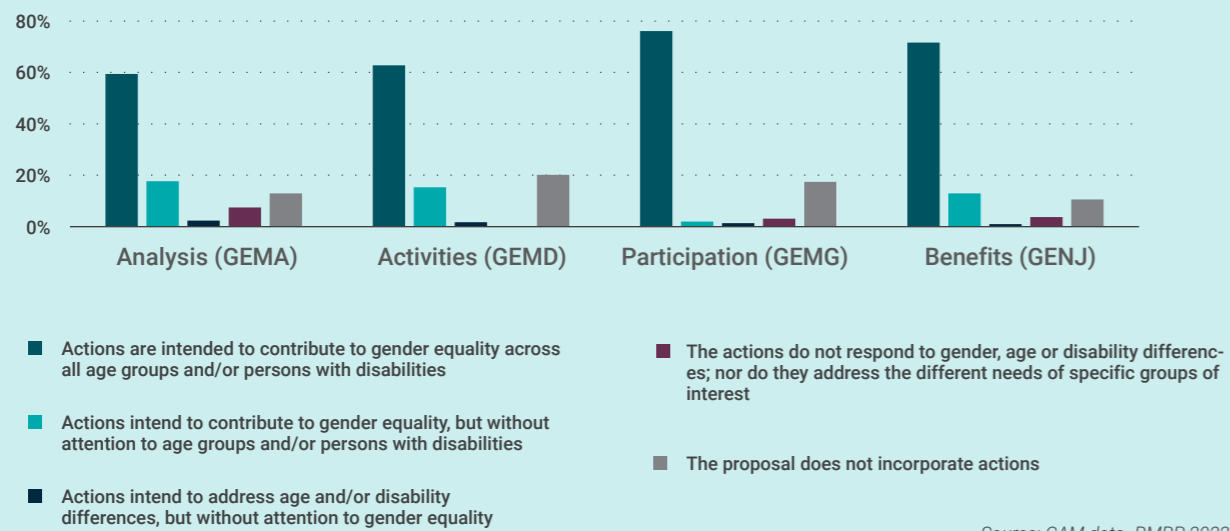
The Regional Inter-Agency Coordination Platform (R4V) has been developing a comprehensive gender and human rights perspective in the response to the needs of refugees and migrants from Venezuela, integrating among other measures – such as gender perspectives in sectoral programming – the Gender with Age Marker (GAM) within the RMRP planning. This tool is used to improve gender and age-equitable programming in response to needs in humanitarian or highly complex contexts. As of 2022, the GAM also includes data and indicators on disability, further strengthening intersectionality in the response.

Over the past years, R4V partners have shown an increasing commitment to integrating gender and age in their activities and in recognizing that equal rights for men and women are a pre-condition for fulfilling the principles of *leave no one behind* and *do no harm*. In the 2020 and 2021 RMRPs, 80 per cent of R4V partners reported incorporating gender equality measures in their planning. In 2022 this percentage reached 92 percent.

The GAM examines the incorporation of Gender Equality Measures (GEM) during the design of a project in four dimensions: gender analysis, tailored activities, influence on the project, and benefits adapted to different needs and barriers. The results of the 2022 GAM show a high percentage of R4V actors incorporating a thorough intersectional gender lens that considers age and/or disability indicators across all four dimensions.

The results of the GEM-G dimension, which measures the participation of the affected population in the design and implementation of a project, indicate that 96 per cent of partners disaggregate the population reached by gender. When asked about the groups they prioritize, 19 per cent consider the participation of women as a priority; 6 per cent prioritize working with LGBTQI+ persons; 2 per cent prioritize men; and 58 per cent of organizations identify “all genders” as their priority. This suggests that there is a need to further encourage organizations to use a more exhaustive gender disaggregation, since global categories, such as the latter, encumber the identification of specific needs by gender groups (women, men and LGBTQI+ persons).

INCORPORATING GENDER, AGE AND DISABILITIES IN RMRP 2022 PLANNING: GAM SELF-ASSESSMENT RESPONSES BY ORGANIZATIONS



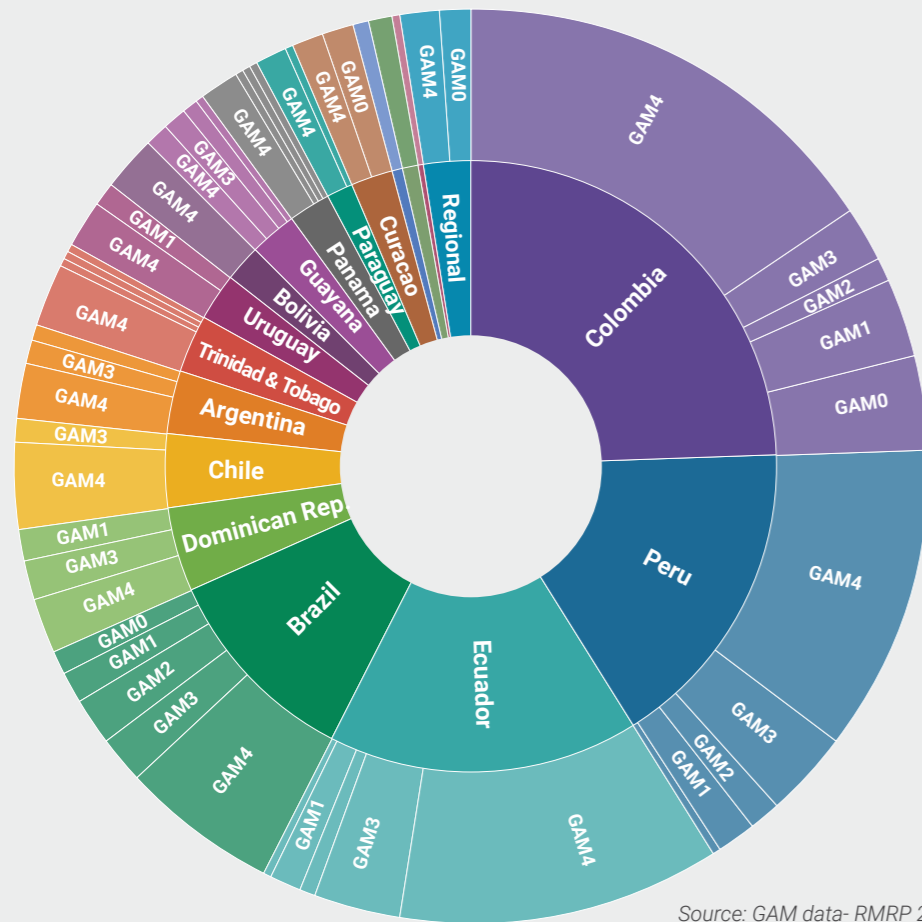
GENDER GROUPS THAT WILL HAVE A DIRECT INFLUENCE ON RMRP 2022 ACTIVITIES



THE GAM RESULTS BY COUNTRY:

- **GAM 0:** Did not use GAM
- **GAM 1:** Does not incorporate gender equality
- **GAM 2:** Age and/or disabilities, but not gender
- **GAM 3:** Gender but not age or disability
- **GAM 4:** Gender, age and disabilities

Country	Total Submissions	Organizations that completed the GAM	GAM 4	GAM 3	GAM 2	GAM 1	GAM 0
Colombia	72	62	46	6	2	8	10
Perú	49	48	32	9	3	4	1
Ecuador	48	47	33	9	2	3	1
Brazil	32	29	16	5	5	3	3
República Dominicana	13	13	4	4	0	4	0
Chile	11	11	9	2	0	0	0
Argentina	10	10	6	2	2	0	0
Trinidad & Tobago	9	8	6	1	1	0	1
Uruguay	7	7	5	0	0	2	0
Bolivia	6	6	6	0	0	0	0
Guyana	7	6	2	3	0	1	1
Panamá	7	6	4	1	0	1	1
Paraguay	4	4	3	1	0	0	0
Curacao	6	3	3	0	0	0	3
Costa Rica	2	2	2	0	0	0	0
México	2	2	2	0	0	0	0
Venezuela	1	1	0	0	0	1	0
Proyectos regionales	7	7	4	0	0	3	0
Total	293	272	184	43	15	30	21

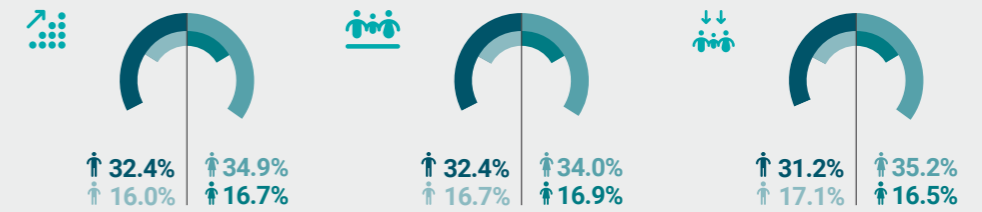


The GAM incorporated three questions to analyze the use of intersectionality in the design of projects with the intention of inclusion of all groups of refugees and migrants from Venezuela, and more broadly, the reduction of discrimination. A minority of organizations (32 per cent) expect people with disabilities to have a direct influence on activities, while the indicators are more positive in relation to influence over gender roles (46 per cent) and the consideration of LGBTQI+ persons (51 per cent). These results demonstrate the need to continue using gender equality measures and intersectionality as cross-cutting pillars in the design of interventions to respond to the needs of refugees and migrants from Venezuela in all their diversity.

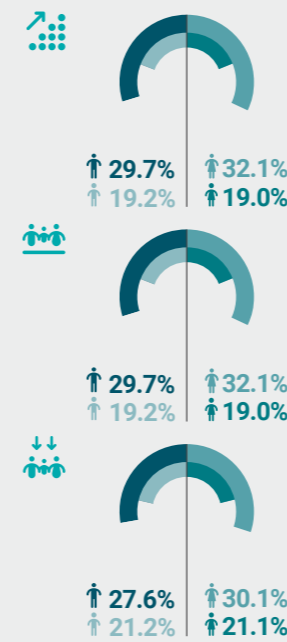
Source: GAM data- RMRP 2022

AGE AND GENDER DISAGGREGATION

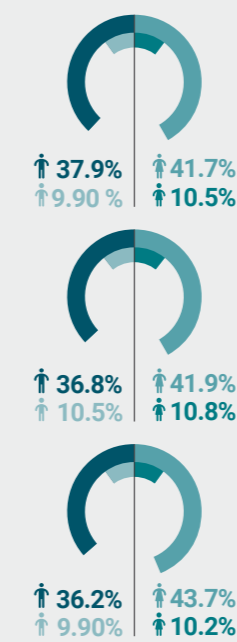
REGIONAL



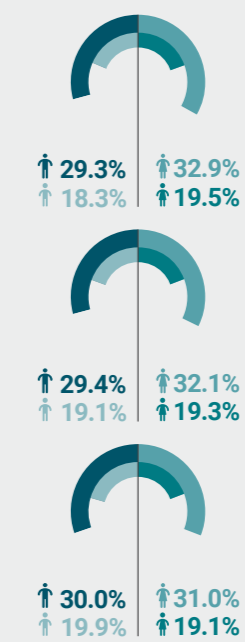
BRAZIL



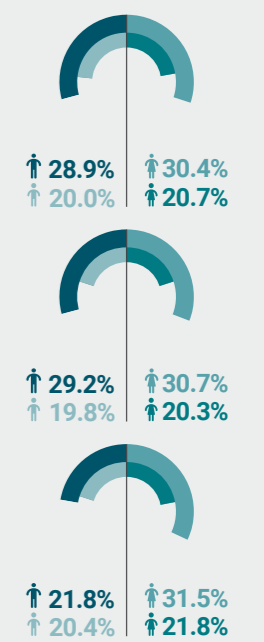
CHILE



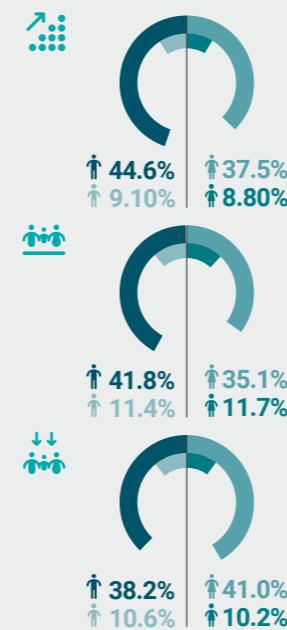
COLOMBIA



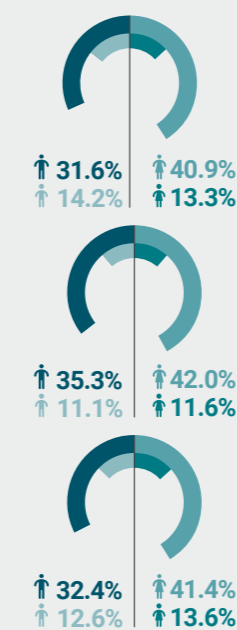
ECUADOR



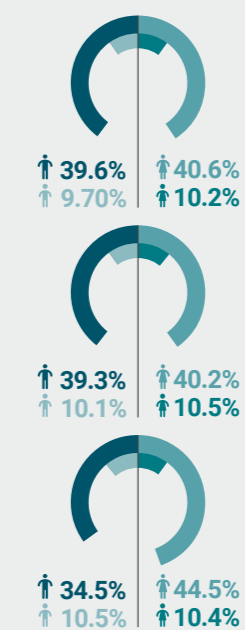
PERU



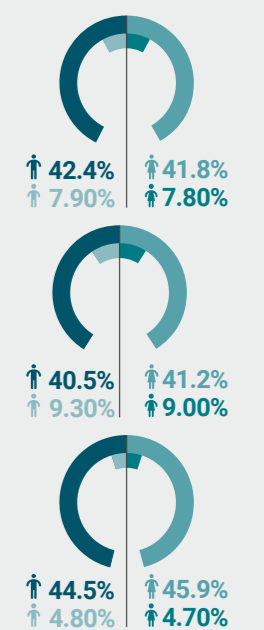
CARIBBEAN



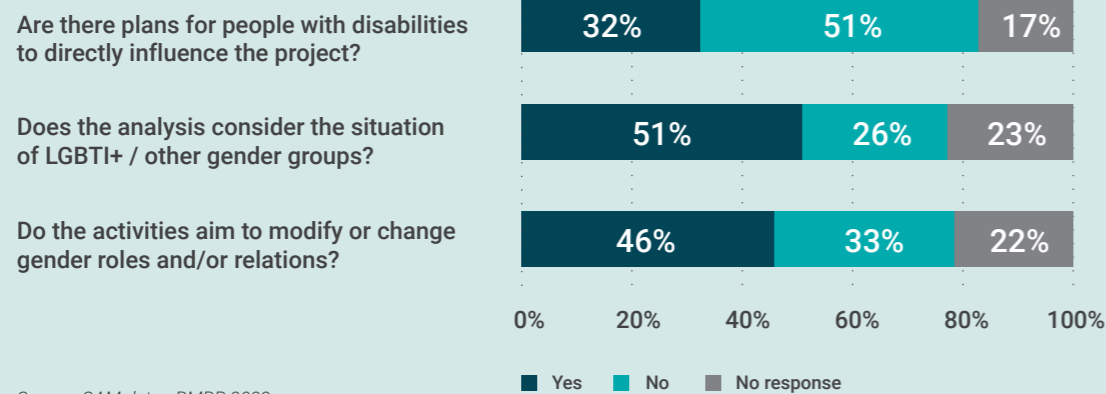
CENTRAL AMERICA & MEXICO



SOUTHERN CONE



INTERSECTIONALITY ANALYSIS OF SUBMISSIONS



Source: GAM data - RMRP 2022

The Regional Platform will continue promoting the adoption of an intersectional gender lens through gender-sensitive coordination, planning, response, monitoring and evaluation. During 2022, the R4V gender focal point will organize tailored trainings to strengthen capacities among R4V partners for mainstreaming gender across all phases of programming. Technical assistance will be provided to ensure the adoption of a gender perspective in work plans, needs assessments, information management and communication. This will include working jointly with Sector and Sub-sector leads in mainstreaming gender in their annual work, but also in fulfilling their commitment to apply the principle of Centrality of Protection with an age, gender and diversity (AGD) approach. In addition, collaboration with AAP and PSEA focal points will be fostered to ensure gender-responsive complaint and feedback accountability mechanisms. Finally, an in-depth analysis of the last three years' application of a gender lens throughout the Regional Platform will be shared with partners, reviewing best practices and challenges to advance gender mainstreaming across sectors.

ENVIRONMENT

PRIORITY NEEDS

The mixed movements of refugees and migrants from Venezuela and the response provided by humanitarian and development actors through this RMRP have a notable environmental footprint. COVID-19 and associated biosafety measures made it necessary for many RMRP activities to adapt their modus operandi in 2020 and 2021. For instance, to reduce physical contact, food distribution was only possible by delivering packed meals, generating additional waste. At the same time, actors became aware that other alternative approaches were possible, including those that can also benefit the environment. For example, in terms of cash and voucher assistance (CVA) provided by R4V partners, many steps were digitized and simplified, reducing paper usage, and minimizing mobilization of response actors and beneficiaries. In Brazil and Colombia, pilot projects were implemented to enable the integration of refugees and migrants into green jobs to support economic reactivation while promoting a more sustainable business model. Such experiences and lessons learned from COVID-19 adaptation processes are being incorporated into environmental mainstreaming tools for projects.¹⁶ Based on these experiences, there is still some potential for R4V actors to reduce their own carbon footprint and minimize negative environmental impacts associated with their operations, applying more sustainable management and adapting internal procedures.

According to the environment self-assessment exercise for partners in the RMRP 2022, the highest levels of environmental mainstreaming appear in Chile, Colombia and Paraguay (over 70 per cent of all interventions per country), and among the Sectors, in Humanitarian Transportation,¹⁷ Shelter, WASH and Food Security (all over 70 per cent per Sector), most likely since environmental criteria were already part of the project planning approaches in these Sectors. On the other hand, environmental mainstreaming is rather new for the Cash and Voucher Assistance response and the Integration Sector, with the lowest rates (50 per cent each), nevertheless representing an increase of actors planning to include environmentally sensitive approaches in comparison to previous years. Overall,

more than half of all RMRP appealing organizations at least partially considered environmental factors in the design of their activities, and over a quarter intend to carry out environmental assessments before starting implementation.

Despite the strong interest, for some partners, especially those who recently joined the RMRP (90% of R4V partners are NGOs and Civil Society Organizations (CSOs), including many local and smaller actors), environmental mainstreaming and climate action still represent new approaches, requiring greater guidance, including in Spanish and/or Portuguese, and on urban contexts, representing additional obstacles for some R4V actors. Only a few R4V partners, mostly international organizations, have access to specialized in-house expertise in this field, or can afford external technical expertise to proactively include environmental considerations into their programming, and rely on available general guidance information to mainstream environmental considerations into their activities.¹⁸

RESPONSE STRATEGY

Considering the increased number of R4V partners that have submitted activities under the RMRP 2022, awareness-raising on the importance of and the need for environmental mainstreaming will continue. Improved access to context-adapted tools will be important to overcoming these challenges and to increasing the capacity of R4V partners to include climate action and environmental impact mitigation as priorities in the RMRP planning cycle. Therefore, some tools are being adapted,¹⁹ new ones are under development²⁰ and existing ones will be disseminated²¹ among R4V partners and Sectors to generate technical expertise and ideally facilitate strategic approaches at country levels. Close cooperation and coordination with local and national authorities, academia and the private sector, will be important for the promotion and creation of green jobs and circular economy (to support socio-economic reactivation and integration), to reduce the environmental footprint (e.g. through research and development of more sustainable materials for Shelter) and to align with local and national climate action plans (e.g. to reduce climate change-induced disaster risks²² or environmental induced protection needs²³).

[16] In Colombia, the Cash Working Group developed the Cash & Environment Checklist (<https://www.r4v.info/en/node/88431/>) to mitigate the impact of cash activities on the environment. Similar tools for other Sectors to mainstream environmental considerations in humanitarian action are being adapted or are under development.

[17] Humanitarian Transportation is the sector with the highest increase compared to the year before (52 per cent of positive answers for RMRP 2021, 77 per cent of positive answers for RMRP 2022).

[18] See hereto: Environmental Mainstreaming Guidance for RMRP 2020 planning: <https://www.r4v.info/en/keyresources#block-inline-blockfree-text-14>

[19] The Nexus Environmental Assessment Tool (NEAT+) (<https://neatplus.org/>) for rural environments has already been translated into Spanish. An English version for urban environments was developed by UNHCR Brazil and UNEP-OCHA Joint Environmental Unit (JEU) is being piloted.

[20] Among others, UNEP Panama is preparing a tool called the Virtual Environmental and Humanitarian Advisor Tool (VEHA Tool) to be launched in 2022. It aims to provide automated advice to facilitate the integration of environmental considerations in common humanitarian response planning and response actions in most humanitarian sectors. It also enables Sector coordinators to identify environmental activities and indicators that are relevant in their Sector/Sub-sector strategic planning, supporting the development of a more environmentally sensitive RMRP.

[21] E.g. Climate, Environment and Disaster Risk Reduction Integration Guidance (CEDRIG): <https://cedrig.org/> and The Sphere Handbook: <https://spherestandards.org/handbook-2018/>

[22] E.g. floods, landslides.

[23] E.g. modern slavery or economic coercion related to deforestation, illicit crops and illegal mining; GBV as a means by which to control and restrict access to land and natural resources; uncontrolled use of pesticides from aircrafts affecting local communities and water quality, etc.

CENTRALITY OF PROTECTION

Protection, as per the Inter-Agency Standing Committee (IASC) *definition*,²⁴ includes “all activities aimed at obtaining full respect for the rights of the individual”, as established by relevant bodies of international law.

In this sense, activities of all R4V partners under the different sectors of the RMRP 2022 are designed to protect the rights, safety and dignity of refugees and migrants from Venezuela, under the *Centrality of Protection* (CoP) approach²⁵ and beyond the sole delivery of services.

R4V partners are committed to maintaining the CoP principle, with an age, gender and diversity (AGD) lens, to incorporate special protection considerations and a rights-based approach for affected populations, based on their characteristics (including women, men, girls and boys; indigenous peoples; survivors of violence, including GBV; persons in irregular situations; and more).

PRIORITY NEEDS

The COVID-19 pandemic has exacerbated social and economic inequalities prevailing in the region, aggravating protection risks and creating a perilous environment for refugees and migrants from Venezuela, one that is conducive to public displays of xenophobia, violent manifestations, and discrimination. This has put refugees and migrants at greater risk of violations of their rights, safety and dignity that are the result of discriminatory attitudes, combined with a lack of legal or social protection, including deportations and other expedited removal procedures, family separation and increased evictions.

Despite the continuous efforts from governments at both national and local levels to mitigate and respond to risks – often under severe budgetary constraints – the overall protection environment has been affected across the region and continues to face challenges. These include the overload of asylum systems, lack of access to regularization, and the adoption of measures restricting access to territories, with a growing number of individuals left without protection, health services, education, or livelihood opportunities.

RESPONSE STRATEGY

In 2022, each Sector of the R4V response will take into account the specific vulnerabilities that underlie specific protection risks and all persistent barriers to access assistance and the full enjoyment of rights, highlighting the need for intersectoral approaches, thereby putting protection at the centre of the R4V work.

In particular, 2022 will see important advances on regularization initiatives by several governments in the region, where R4V partners have prioritized promoting access to documentation for refugees and migrants from Venezuela, against the backdrop of which important advances in accessing health, education, livelihoods and other rights and opportunities are expected.

In addition, both direct services as well as advocacy with host governments will be required to promote the best outcomes for refugees and migrants from Venezuela, including integration in COVID-19 vaccination programmes and other social protection mechanisms, as well as access to socio-economic rights, including the right to equal conditions of work, remuneration and fair wages, social security, housing and education, in addition to physical and mental health care.

Refugees and migrants from Venezuela with specific protection needs, including survivors of GBV and other forms of violence, victims of human trafficking, persons with disabilities, the elderly, pregnant and lactating women, young children, indigenous and Afro-descendent communities, and LGBTQI+ persons, among others, are to be prioritized in the context of the R4V response, with tailored actions required by R4V partners to respond to their special needs.

Response activities therefore continue to include strategies to meaningfully engage different groups of the affected populations in the design, implementation and evaluation phases of the response, taking into account peoples’ preferences and priorities to deliver on the basis of the “do no harm” principle.

[24] Inter-Agency Standing Committee (IASC), Policy on Protection in Humanitarian Action, 2016, “... all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHL), International Humanitarian Law, International Refugee law (IRL)).” https://interagencystandingcommittee.org/system/files/iasc_policy_on_protection_in_humanitarian_action.pdf

[25] IASC, The Centrality of Protection in Humanitarian Action, 2013. https://interagencystandingcommittee.org/system/files/the_centrality_of_protection_in_humanitarian_action_english_.pdf

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

Protection from Sexual Exploitation and Abuse (PSEA) is an integral, cross-cutting component of the 2022 RMRP and the overall R4V response. SEA is recognized as a form of GBV and an egregious breach of accountability to affected people (AAP), requiring robust and coordinated organizational and collective prevention and response measures. The Regional Community of Practice on PSEA (PSEA COP) established in 2021 will promote collective, regional and in-country prevention and response approaches to SEA at both the technical and strategic levels, while strengthening partners' PSEA capacities. Building on recommendations of the regional PSEA mapping exercise (2020-2021),²⁶ the PSEA COP will promote and support country/sub-regional PSEA fora, comprised of designated R4V partner PSEA focal points. At the regional level, the PSEA COP will connect these fora to promote information and knowledge sharing, monitor collective PSEA achievements, and strengthen collaboration between agencies to build capacity on PSEA within R4V partners.

RESPONSE STRATEGY

The ultimate goal of the PSEA COP²⁷ is to support R4V partners in implementing coordinated activities to minimize the risk of SEA, ensure effective response when incidents arise, and raise awareness of PSEA at the national/sub-regional level. The PSEA COP will develop a Regional R4V PSEA Action Plan to implement the following PSEA-related priority activities for 2022:

For the prevention of SEA:

- 1. Conduct SEA risk assessments:** Utilizing the R4V PSEA methodology, conduct joint SEA risk assessments to have a comprehensive picture of SEA risks and response capacities in different operational sites, to inform the implementation/adjustment of response activities and PSEA programmes and interventions.
- 2. Ensure that all R4V partner organizations have documented policy, strategies, and guidance in place to prevent SEA:** Train PSEA focal points; organize high-level dialogues for senior management of key stakeholders and partners; support national/sub-regional PSEA fora with capacity-building and support, including coaching and mentoring of partner organizations on key issues (e.g. PSEA policies, codes of conduct, recruitment policies,

internal reporting mechanisms and investigations) and best practice seminars.

- 3. Build capacity among personnel from all R4V partners on PSEA:** Roll-out the R4V PSEA training package.²⁸
- 4. Provide PSEA information to affected communities:** Disseminate collective PSEA awareness-raising messages, previously co-developed with affected communities (in coordination with AAP and CwC).
- 5. Promote affected communities' meaningful participation in the response:** In coordination with AAP, conduct a perception study of whether affected communities perceive the R4V response as safe, relevant and timely.

For the response to SEA:

- 6. Establish and monitor inter-agency Community-Based Complaint Mechanisms (CBCM) at the country level:** Develop a practical step-by-step toolkit to support partners in establishing inter-agency CBCM SOPs, compliant with global good practice.²⁹
- 7. Provide timely, quality assistance to victims/survivors of SEA:** Undertake joint service mapping and consultations on access to and availability of multi-sectoral GBV and child protection services for SEA victims/survivors; and conduct joint advocacy for the establishment/scaling-up of services where gaps exist (in coordination with Child Protection, Gender-Based Violence and Human Trafficking & Smuggling Sub-sectors).

The PSEA COP will monitor collective R4V PSEA achievements in-country through a mid-year and end-year review. Coherence will be ensured with R4V AAP commitments.

[26] R4V PSEA Mapping Report, October 2020: <https://www.r4v.info/es/document/r4v-protection-against-sexual-exploitation-and-abuse-psea>

[27] The presence of the PSEA COP or country level networks/fora does not lessen the responsibility of individual R4V partners to develop, implement, and strengthen internal PSEA programs at the country level. Senior management within each partner organization is accountable for PSEA within their organizations.

[28] <https://www.r4v.info/es/document/capacitacion-en-proteccion-contra-la-explotacion-y-abuso-sexual-peas-para-organizaciones>

[29] Best Practice Guide on Inter-agency CBCMs and Global SOPs, including Spanish translation: <https://interagencystandingcommittee.org/iasc-task-team-accountability-affected-populations-and-protection-sexual-exploitation-and-abuse/iasc-best-practice-guide-inter-agency-community-based-complaints-mechanisms-2016>

REGIONAL PSEA MAPPING EXERCISE

R4V partners participating in the mapping exercises report:



Report not having the minimum **organizational structures** to deal with SEA (a policy addressing SEA and complaint handling procedures)



Are not aware of whether there is a PSEA Focal Point within their organization



Inter-agency PSEA protocols were identified in **Colombia and Ecuador** and are under development in **Chile and Brazil**. Inter-agency CBCMs were only identified in Colombia



Argentina, Colombia, Chile and Brazil have been identified as having dedicated PSEA inter-agency coordination groups, while Mexico is developing a Sub-Working Group on PSEA.



Report being **unaware of any existing Inter-agency referral pathways** for victim assistance.



Report having produced **awareness-raising material** for staff and related personnel



Report requiring support to undertake community consultations regarding PSEA (prevention messaging, how the complaints handling process can accommodate SEA, preferred reporting channels)



Personnel from R4V partner organizations reached with PSEA training in the first half of 2021

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

PRIORITY NEEDS

Accountability to Affected Populations (AAP) in the R4V response requires actors to provide affected populations – in this case, refugees and migrants from Venezuela and members of affected host communities – with accurate information, to listen to and respond to feedback and complaints, and include them in decisions that affect their situation and lives. AAP is an essential component of good programming to ensure

assistance is relevant and effective and strengthens trust between communities and response actors. Because of its transversal nature, AAP is not the responsibility of a single team or organisation, but instead a shared responsibility of all R4V actors and personnel.

Needs across AAP were identified in 2021 through a regional mapping³⁰ to understand current implementation, capacities and challenges that organizations are experiencing in this area:

[30] Mapping to Create an AAP Baseline for the R4V Regional Response, R4V, October 2021: <https://www.r4v.info/en/document/mapping-create-aap-baseline-r4v-regional-response>

RESPONDENTS TO THE AAP SURVEY REPORT:

67% Know about AAP- but almost half of the respondents never received training on the topic.

70% Provide information to affected populations as part of their organization's work - but rarely involve them in developing the materials.

75% Engage communities through consultations - mostly during needs assessments.

62% Collect feedback (formally or informally) - though it is rarely systematized for decision-making, and organizations do not share findings or coordinate mechanisms.

Not only experts but staff with different technical backgrounds implement AAP activities.

WHAT WE NEED TO IMPROVE:

Better coordinate among partners and start implementing interagency solutions.



Strengthen capacities and ensure all types of actors are involved in coordination spaces to influence AAP work.



Involve affected populations in all phases of the response - including planning, monitoring and evaluation.



Frame AAP work for a shared understanding and cohesive approach across the region.

RESPONSE STRATEGY

In 2022, the R4V Regional Platform will continue mainstreaming accountability by focusing on four main areas: i) leadership, ii) participation and partnerships, iii) information, feedback and action, and iv) results.

The AAP Network, composed of regional and national R4V focal points, acts as a reference body to ensure tools and initiatives promoted at the regional level are informed by and applied at the field level. The Network will also facilitate the exchange of experiences and best practices. Three key priorities have been identified based on recommendations of the AAP mapping:

1. Capacity-building and coordination support to National and Sub-Regional R4V Platforms on AAP.
2. Implementation of collective approaches and joint initiatives on AAP.
3. Engagement with affected populations in all phases of the R4V response. Activities in these areas will include:
 - Capacity-building through the roll-out of a standardized training module on AAP for all R4V personnel, and the development and implementation of a Training of Trainers (ToT) in AAP, with a focus on collective accountability approaches.
 - Collecting and sharing lessons learned and best practices and disseminating these through webinars. Defining a Regional AAP Framework to guide accountability work, ensure consistency, and set minimum actions for the participation of affected populations in the R4V response.

- Reviewing existing and developing new AAP tools and guidance to support interagency action, focusing on Complaints and Feedback Mechanisms (CFMs) and participation of communities in the response, and piloting these tools in partnership with R4V National and Sub-Regional Platforms.
- In collaboration with the Communication with Communities (CwC) Working Group, developing materials on the rights of refugees and migrants vis a vis assistance delivered, such as the right to complain; commitments on PSEA; and the right to be informed on available services.

As part of efforts towards collective accountability of the R4V Platform, the AAP Network will conduct a study of affected peoples' perceptions of the R4V response, and whether they consider the assistance delivered is safe, relevant, and timely. This will help identify the response's strengths and areas of needed improvement, through a people-centric approach and understanding of the community perception of the work by R4V partners.

In 2022, the AAP Network will collaborate with Sectors and Working Groups whose work is closely interlinked with its objectives, such as the CwC and the Support Spaces Working Groups; the PSEA Community of Practice; the Protection Sector and its three Sub-sectors. Regional AAP focal points will provide technical support to inter-agency national AAP focal points for the day-to-day planning, piloting and implementation of initiatives to increase the R4V response's accountability through collective and inter-agency action.

COMMUNICATION WITH COMMUNITIES / COMMUNICATION FOR DEVELOPMENT (CWC / C4D)**PRIORITY NEEDS**

In the midst of emergencies and complex humanitarian and development challenges – including the response to the situation of refugees and migrants from Venezuela displaced in the 17 countries of the R4V response, as well as the ongoing COVID-19 pandemic in the region – information is itself a commodity and a form of assistance. Accurate communication saves lives. The absence of information, meanwhile, can lead to unnecessary human suffering, humanitarian and development responses that do not address the most pressing needs of affected populations, and an inability of vulnerable peoples to exercise fundamental rights or access basic services, especially for people on the move in countries where they are not familiar with local customs, laws and procedures.

With this understanding, Communication with Communities (CwC) and Communication for Development (C4D) are essential components of the R4V response. R4V partners, Platforms, Sectors and Working Groups incorporate CwC/C4D across their activities and processes to ensure that refugees and migrants can meaningfully communicate with and provide input to humanitarian and development actors, and also, receive information tailored to their contexts, language and cultural backgrounds, rights and needs.

RESPONSE STRATEGY

Based on consultations with National and Sub-regional R4V Platforms and communication assessments with affected populations conducted by the regional CwC/C4D Working Group,³¹ the following are identified response priorities for 2022:

- Standardizing communication products to facilitate the work of partners at the national and sub-regional levels.
- Strengthening two-way communication channels to engage in dialogues with affected communities, to adapt communication products to their needs and improve accessibility.
- Identifying and informing R4V partners of the main information and communication needs of the affected population.
- Strengthening capacities to generate a common understanding of CwC/C4D among R4V partners, to contribute to scaling-up collective AAP efforts and increasing the overall accountability of the R4V response.
- Enhancing coordination mechanisms between CwC/C4D and AAP, both at the regional and national levels, to

have a comprehensive and aligned vision of participatory approaches, also taking into account linkages with PSEA to collaborate and avoid duplication of efforts.

Increasing collective accountability to affected populations (AAP) has been a strategic priority of the R4V response and of the R4V Inter-Agency Coordination Platforms at the regional, sub-regional and national levels. As AAP very closely interlinks with CwC/C4D, the Working Group will work to support refugees and migrants from Venezuela with information that allows them to be empowered, to actively participate in decision-making and influence activities that affect them. Through this approach, the CwC/C4D Working Group will ensure that its work is complementary to AAP efforts, avoiding duplication and maximizing the use of resources and technical expertise.

Specific inter-agency activities of the WG will include:

1. Supporting National and Sub-Regional R4V Platforms to assess and monitor communication preferences of affected populations, and to create guidance and training materials.
2. Expanding the U-Report *Uniendo Voces* to reach additional countries, as a key interagency tool to provide information to and receive feedback from affected people.
3. Strengthening the capacities of R4V partners with regards to:
 - Providing accessible and inclusive information to affected populations according to their preferences and communication habits;
 - Involving affected people in the co-creation of materials; and
 - Complementing AAP training processes, including through the use of context-specific two-way channels to implement complaints and feedback mechanisms.
4. Sharing strategies, good practices and lessons learned through webinars and other fora.
5. Strengthening risk communication (e.g. for COVID-19 prevention, emergencies, and on other risks affected populations may face during their journeys).

[31] See R4V CwC/C4D Working Group, Information Needs Assessment (2019): <https://www.r4v.info/es/documents/details/73683> and a survey on Information Needs disseminated through U-Report *Uniendo Voces* in 2020: <https://www.r4v.info/en/document/information-and-communication-needs-assessment-u-report-uniendo-voces-regional-poll>

CASH AND VOUCHER ASSISTANCE (CVA)

PRIORITY NEEDS

An increasing number of refugees and migrants from Venezuela, as well as affected host communities, have been unable to meet their basic needs and achieve socio-economic integration. Lack of income, an over-reliance in the informal sector and low rates of inclusion in national social protection mechanisms – particularly in the context of simultaneous mobility restrictions, health and economic crises prompted by the COVID-19 pandemic – have increased refugees' and migrants' exposure to protection-related risks (including GBV or evictions), which are exacerbated among children, adolescents, women, people with disabilities, LGBTQI+ persons and the elderly.³²

Across R4V countries, food, shelter/rental support and stable income sources (employment) continue to be priority needs.³³ Cash and voucher assistance (CVA) is an **appropriate** and feasible tool to respond to these needs, minimize the use of negative coping strategies, and act as a safety net for refugees and migrants from Venezuela, while supporting the reactivation and recovery of local markets. It is also the assistance modality preferred most by refugees and migrants.³⁴ Multipurpose cash (MPC) as an assistance modality, specifically, has enabled refugees and migrants from Venezuela to make choices about how to meet these needs, increasing dignity and flexibility of the humanitarian response.³⁵

In addition, the **results** from a survey carried out by the Regional Cash Working Group (RCWG) show that promoting linkages between humanitarian CVA and national social protection systems is a key priority.

RESPONSE STRATEGY

The planned activities under CVA will respond to humanitarian needs while continuing to support local, national and regional stakeholders to identify durable solutions for refugees and migrants and affected host communities. The RCWG will prioritize the promotion of MPC and linkages between humanitarian CVA and national social protection mechanisms, for example, in countries such as Colombia and Ecuador,³⁶ which in 2022 are engaging in regularization processes to integrate Venezuelans in irregular situations and reduce legal barriers to accessing social services.

In the 2022 RMRP, CVA (including sectoral CVA and MPC) represents 30 per cent of the planned response. Some **USD 200,717,629** will be disbursed through MPC transfers in 2022. With the support of **55 partners** across 17 countries, the RMRP response aims to reach **1.1 million** refugees and migrants from Venezuela and host communities with MPC. The response will target vulnerable households who, due to a lack of income, are unable to meet their basic needs, are exposed to protection risks (including GBV or evictions), suffer from food insecurity, cannot access adequate and safe housing, use negative coping mechanisms to meet their needs, or are unable to engage in activities to achieve their full socio-economic integration.

The RCWG will facilitate the scale-up of MPC in the region, through support to National and Sub-regional R4V Platforms, Cash Working Groups at country-level, and regional Sectors. It will generate and share knowledge to harmonize CVA approaches through common tools and guidelines. Given the large proportion of sectoral CVA assistance planned for 2022, in addition to MPC, the RCWG will promote complementarity and coherence among the multiple sectoral CVA interventions. This includes joint work with Sectors in the design of CVA to promote intersectoral linkages, with a goal to move towards more integrated assistance.

The RCWG will strengthen its work on the humanitarian and development nexus, fostering collaboration between national Cash Working Groups and local authorities. Wherever possible, the RCWG will leverage partners' presence on the ground and their long-standing work with national systems to promote alignment and referrals, including exit strategies, into local social protection mechanisms.³⁷

CVA will be provided with the objective of putting the protection of refugees and migrants at the centre of activities, including considerations for persons with specific protection needs, such as through the empowerment of people with disabilities, as well as addressing gender imbalances in the design and implementation of cash transfers. Finally, the provision of information, effective feedback mechanisms, and the promotion of active participation of refugees and migrants from Venezuela in programme design will be essential to promote AAP.

[32] IPC-IG, UNICEF and WFP, Social protection and Venezuelan migration, April 2021: <https://www.unicef.org/lac/en/reports/social-protection-and-venezuelan-migration>.

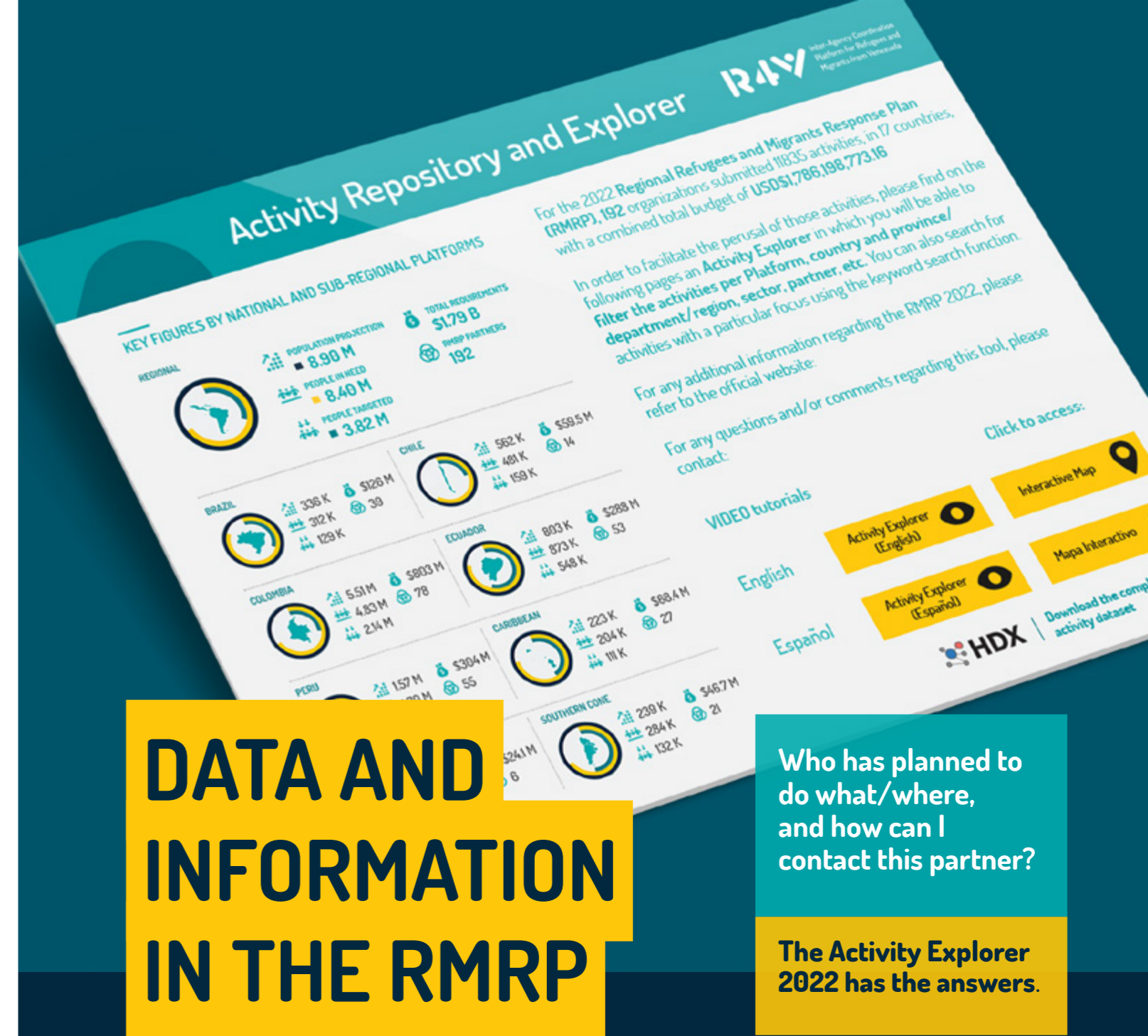
[33] See JNAs in Colombia (June 2021): <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>, Ecuador (May 2021): <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>, Peru (May 2021, p.36): <https://www.r4v.info/es/document/analisis-conjunto-de-necesidades-rmrp-2021>.

[34] See, e.g., R4V Colombia (GIFMM), Joint Needs Assessment for population in destination, fifth round (June 2021): <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[35] In 2021, CVA accounted for 28 per cent of people reached by the RMRP, and MPC accounted for 59 per cent of people reached with CVA.

[36] See the Temporary Protection Statute in Colombia (<https://globalcompactrefugees.org/article/estatuto-temporal-de-proteccion-para-personas-venezolanas-etpx>) and regularization announcements in Ecuador (<https://reliefweb.int/report/ecuador/ecuador-reporte-de-situacion-septiembre-2021>).

[37] R4V Regional Cash Working Group, Open Survey to Inform 2021 & 2022 Plans, September-October 2020, <https://es.surveymonkey.com/stories/SM-NY9VGJ9Y/>.



DATA AND INFORMATION IN THE RMRP

Who has planned to do what/where, and how can I contact this partner?

The Activity Explorer 2022 has the answers.

Over the past years, the Regional Platform has improved data availability and transparency as a means to better understand the needs of refugees and migrants from Venezuela across the 17 countries of the R4V response; and to better plan and monitor the inter-agency response.

Covering the entire programme cycle of the RMRP, relevant data - ranging from Needs Assessments, to figures on People in Need (PiN) and population projections - are transparently shared with all R4V partners and stakeholders. To further enhance the regional coherence of Joint Needs Assessments (JNA), in 2022 a regional questions library will be implemented and will permit the development of a Regional Needs Assessment Report with comparable data and indicators across the region.

The important work of each of the 192 partners in the RMRP 2022 will be available through an interactive dashboard - the RMRP Activity Explorer – showing activities implemented in each Platform, Country (at the administrative level-1) and Sector, with raw data available on the Humanitarian Data Exchange (HDX) platform. This user-friendly tool builds on the data sets provided by each R4V partner during the planning of the RMRP and the subsequent monitoring of activities, allowing for a transparent tracking of commitments made by R4V partners against their funding requirements and self-defined targets, and contributing to continued improvements of the RMRP's data accuracy and quality.

Want to explore the needs and relating response plan in a specific location?



Try the RMRP Insight 2022!



EDUCATION



PEOPLE IN NEED
4.48 M

27.9% 30.9%
20.9% 20.3%



PEOPLE TARGETED
806 K

21.1% 22.3%
30.6% 26.0%



TOTAL REQUIREMENTS
100 M



RMRP PARTNERS
67

SECTOR LEADS

SAVE THE CHILDREN-UNICEF

PRIORITY NEEDS

The education needs of refugees and migrants from Venezuela, and particularly challenges to the effective exercise of children's right to education, have been exacerbated by the impact of the COVID-19 pandemic across the region. For example, in Colombia, COVID-19 has negatively affected an estimated 480,000 refugees and migrants from Venezuela enrolled in education systems, while in Brazil 22 per cent of Venezuelan refugee and migrant children were reported out of school during the pandemic. Although some countries have not yet fully reopened all their schools, most students are already receiving on-site classes, including in countries like Argentina and Chile.³⁸ For 2022, the Education Sector estimates that some 4.5 million³⁹ persons will be in need, with an estimated 806,000 persons to be targeted for assistance by sector partners.

In this context, there is an urgent need to consider the specific needs of vulnerable groups who experience additional barriers to school attendance, such as indigenous peoples, persons with specific needs, and girls, who may be affected by sexual violence and early pregnancy. The need for Mental Health and Psychosocial Support (MHPSS) services is increased by the ruptures and losses caused by movements and the lack of opportunities for families in the host countries. With schools closed and with increased levels of stress among parents and caregivers, growing numbers of children have been victims of domestic violence, neglect and abuse, including emotional, physical and sexual violence.⁴³

In terms of accessing the education system, there is an urgent need to fully integrate refugee and migrant children from Venezuela into national education systems and policies, particularly for those who arrive without documentation and therefore face additional difficulties with enrolment. In addition, the significant absence of frameworks or mechanisms for the recognition, validation, and accreditation of learning outcomes of undocumented refugee and migrant children and adolescents, as well as limited access to placement tests, and shortages of enrolment slots, are barriers to access.

Coordination with the WASH, Child Protection and Health Sectors is of growing importance, as schools have started to reopen in the region (after closures due to COVID-19) and conditions for a safe return to school need improving, so to serve as protective environments with adequate WASH services, and to reduce the risks of transmission of COVID-19 and other communicable diseases.

Refugee and migrant children from Venezuela face particular challenges maintaining regular attendance in schools, either online or in-person, and absenteeism is often reported, as well as the interruption of studies, aggravated by the fact that the pandemic has worsened living conditions of the most vulnerable populations concurrent with a sudden transition to remote education.⁴⁰ For this, there are several causes, including a lack of school supplies, such as uniforms, school meals, transportation, internet accessibility, and connectivity for mobile devices, as well as language barriers and xenophobia and discrimination.⁴¹ Girls often face additional vulnerabilities and barriers to return to school, including exposure to child labour, gender-based violence, early pregnancy and a gendered division of household labour that often places a greater burden on them for activities within the home.⁴²

[38] Update Reports on the COVID-19 Education Response: <https://www.unicef.org/lac/en/update-reports-covid-19-education-response>

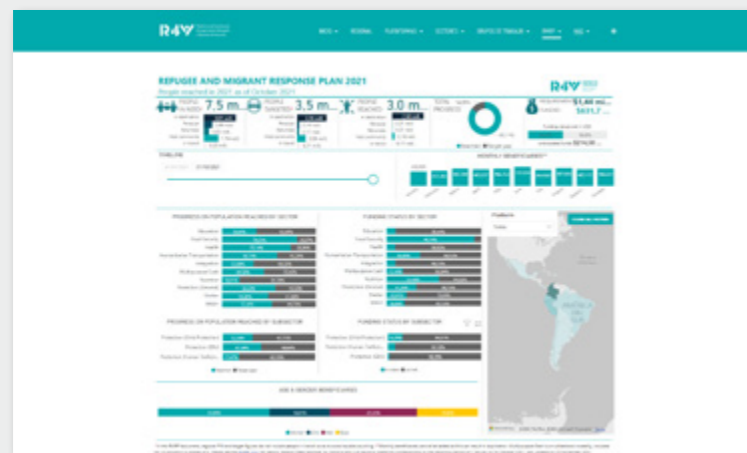
[39] Those in-transit are not included in these totals.

[40] Update Reports on the COVID-19 Education Response: <https://www.unicef.org/lac/en/update-reports-covid-19-education-response>

[41] UNICEF, Education on Hold: <https://www.unicef.org/lac/en/education-on-hold>

[42] Ibid.

[43] UNICEF, Education On Hold: A generation of children in Latin America and the Caribbean are missing out on schooling because of COVID-19, November 2020: <https://www.unicef.org/lac/media/18746/file/Education-on-hold-web-0711-1.pdf>



RMRP Funding 2021

RMRP Monitoring



Interested in the raw data?
<https://data.humdata.org/organization/r4v>

R4V.info



RESPONSE STRATEGY

The main response priority for the regional Education Sector is to support refugees and migrants from Venezuela in processes of enrolment and integration into national formal and non-formal education systems, including the safe return to schools during the ongoing COVID-19 pandemic. In Peru, partners will develop information campaigns for refugee and migrant families about the school enrolment process, while in the Caribbean sub-region, partners will engage and advocate with authorities to integrate students at all levels of public education, regardless of their situation in-country. Partners will also promote education access and retention by delivering school materials, tablets, transportation, school meals and support for internet access to refugees and migrants. Another priority is to strengthen local capacities to implement strategies to recover learning losses, such as in Colombia, where partners will support the Ministry of Education, the Institute of Family Welfare, local Education Secretariats, and educational institutions for the safe return to in-person classes.

Members of the Education Sector will deliver assistance through a combination of direct service provision, in-kind assistance, and cash and voucher assistance (CVA). The latter is used to support access to internet connectivity and tablets, and to cover costs associated with the process to validate academic diplomas, to register with professional associations and to procure essential supplies. In-kind interventions include providing school supplies, school meals to support retention, and coordinating with the WASH Sector for the installation of adequate WASH infrastructure. Education partners will also provide capacity-building and support to school principals, teachers and other personnel on key issues impacting access, retention, and the overall learning experience of refugee and migrant students, as well as on xenophobia prevention and MHPSS. The response will include technical assistance for teachers on flexible educational models and formal and informal education strategies in temporary classrooms, strategies to find and re-enrol children and adolescents left outside of the education system, and enrolment management.

Education partners will coordinate with the Protection Sector on issues regarding regularization and documentation of refugee and migrant children and adolescents, and work with the Child Protection Sub-sector on issues regarding access to school for unaccompanied and separated children (UASC). Partners will coordinate with the Protection and Health Sectors to refine MHPSS protocols, including to develop the capacities of teachers and to establish clear referral routes for children who may need support from mental health community centres. Coordination with the Regional Cash Working Group will be essential regarding sectoral CVA to create conditions that enable sending children to school and improve their learning. Education partners will also coordinate with the WASH Sector to install and upgrade water and hygiene infrastructure in schools.

Accountability to Affected Populations (AAP) will be promoted by ensuring consultations during all stages of the programme cycle (including workshops, focus groups, digital feedback mechanisms, etc.), as well as through feedback to programme staff. Good programming strategies will guarantee that all actions are gender-sensitive and inclusive, while ensuring equal opportunities for refugee and migrant girls and adolescents, children with disabilities, indigenous peoples and other vulnerable groups, as well as strategies for enhancing gender equality and inclusion in cross-sectoral work. These principles are promoted by the Sector also in other fora, such as the Regional Education Working Group (REWG), which includes actions implemented at the hemispheric level aimed at supporting national education sectors by strengthening education information management systems to integrate migrants and refugees; strengthening the capacities of the national education coordination mechanisms; providing a platform for sharing lessons and good practices across the region; and promoting dialogue for the development of positive policy for education in emergencies (EiE) to ensure access and quality education in national systems.



FOOD SECURITY



PEOPLE IN NEED
6.90 M

32.7% 34.1%
16.6% 16.6%



PEOPLE TARGETED
2.11 M

29.2% 32.7%
19.2% 18.8%



TOTAL REQUIREMENTS
283 M



RMRP PARTNERS
63

SECTOR LEADS
ACTION AGAINST HUNGER-
WFP

PRIORITY NEEDS

The COVID-19 pandemic is having long-lasting effects on the food security and livelihoods situation of refugees and migrants from Venezuela, as well as their host communities. The Latin American and Caribbean region has been one of the most impacted by this global health emergency, with the highest relative **increase of people in severe food insecurity**: from around 3.5 million in January 2020 to 12.3 million by August 2021, a figure that is **4 times higher than before the COVID-19 crisis**. The high dependence of refugees and migrants from Venezuela on informal economies, which have been particularly affected by this crisis, as well as the **barriers they continue to face when accessing income-generating activities**⁴⁴ or social protection networks within their host countries, associated with their often irregular status, results in an increasing inability by these populations to satisfy their essential needs.

Surveys carried out by R4V partners among refugees and migrants from Venezuela in Colombia, Ecuador, and Peru (with the three countries hosting an estimated 72 per cent of the total refugee and migrant population in the LAC region)⁴⁵ confirm that these populations are among those most affected by this crisis (particularly women and children), with 2 million refugees and migrants from Venezuela currently considered to be moderately or severely food insecure in these 3 countries alone.⁴⁶

N. Food Insecure	Colombia	Ecuador	Peru
Moderate	873.000 (50%)	214.000 (49%)	460.000 (44%)
Severe	239.000 (14%)	70.000 (16%)	136.000 (13%)

As a result of unstable income sources and **limited livelihood-generation opportunities**, needs assessments show that refugees and migrants from Venezuela not only have a low capacity to obtain and consume quality foods, but are also increasingly adopting negative food-related coping strategies. According to the above-mentioned surveys, **one out of four refugees and migrants either consumed only one meal a day or spent the previous day without eating**. At least one in three refugees and migrants in these countries are also reporting they had to skip meals or restrict consumption by adults so children could eat. **Livelihoods coping strategies** are also used extensively, and if current conditions prevail, it will be harder for refugees and migrants to recover to pre-crisis levels, as many have accumulated debt, sold their assets, and used up their savings. These factors result in a growing inequality that is pushing millions of refugees and migrants towards a continuous cycle of poverty and food insecurity.

Overall, the 2022 projection associated with the number of People in Need (PiN) under the Food Security Sector at the regional level stands at 3.5 million refugees and migrants from Venezuela⁴⁷ of which 82 per cent are located in Colombia, Ecuador and Peru.

RESPONSE STRATEGY

Regional-level activities – such as a regional assessment on food security and CVA (remote/web), and an assessment analyzing social protection-related access issues for refugees and migrants from Venezuela – are planned. These activities will ensure enhanced coordination between food security actors in the region, will facilitate the gathering and sharing of relevant information from national Food Security Sectors, and will support the identification of gaps for harmonized planning, monitoring and reporting.

[44] WFP, Food Security Update for Latin America and the Caribbean, August 2021: <https://www.r4v.info/en/document/food-security-update-august-2021>. Data reflected in the update corresponds to latest results from web surveys, computer-assisted telephone interviews (CATI) and Integrated Food Security Phase Classification (IPC) exercises.

[45] See also, for the Caribbean sub-region: R4V Latin America and the Caribbean, Refugiados y Migrantes Venezolanos en la Región, October 2021: <https://www.r4v.info/es/document/r4v-america-latina-y-el-caribe-refugiados-y-migrantes-venezolanos-en-la-region-octubre-1> and R4V Brazil (2021) JNA. Forthcoming.

[46] WFP, Food Security Update for Latin America and the Caribbean, August 2021: <https://www.r4v.info/en/document/food-security-update-august-2021>

[47] This PiN figure relates only to refugees and migrants from Venezuela in-destination.

The RMRP 2022 will increase the scope of its response for the provision of immediate food assistance for highly vulnerable refugees and migrants from Venezuela residing in all countries in the region as well as their affected host communities. This includes assistance to in-transit populations as well as to those engaging in pendular movements along the border from Venezuela and Colombia. In line with increased needs due to the pandemic's impact on the food security of vulnerable populations, the RMRP 2022 presents an overall increase of 25 per cent in the number of refugees, migrants and affected host community members that are targeted for assistance by the Food Security Sector: a total of 2.1 million in 17 countries.

Apart from increasing the number of people to be assisted by the Food Security Sector, partners will also increasingly focus on activities designed to **improve food security in the longer-term by offering sustainable**, resilience-oriented and agricultural and non-agricultural **livelihoods opportunities to refugees and migrants**, as well as to facilitate their socio-economic integration, in particular in areas with a high concentration of refugees and migrants. These interventions also include risk management capacity-strengthening that is essential for the subsistence of households and their host communities in rural areas. Food Security partners, in coordination with other Sectors, will also seek to facilitate the **inclusion of refugees and migrants in existing social protection programmes** (e.g. social safety net programmes, school feeding, livelihoods building and trainings, etc.) through increased advocacy efforts by analysing entry points for the Food Security Sector on a country-specific basis.

The response aims to maximize the welfare of the targeted affected population and accommodate their consumption preferences; therefore, **Cash and Voucher Assistance (CVA) will be prioritized** whenever feasible. 61 per cent of the Food Security Sector budget is allocated to the implementation of cash- and voucher-based activities.

The response also comprises other types of interventions, such as the **in-kind distribution of food kits and hot meals in community kitchens**. As required, in-kind operations will continue to address the needs of refugees and migrants from Venezuela as well as of affected host communities, under certain circumstances, including in remote areas characterized by transportation and/or market constraints, and taking into account the distinct needs of different population groups, including according to gender and age. Also, in order to address food security and livelihoods-related needs adequately under the different response modalities, these will most often complement each other. As an example, the delivery of food assistance through cash can be combined with capacity development-related initiatives like the provision of life skills training.

Food Security Sector partners have outlined links across Sectors as key to their success, especially with the Nutrition Sector in order to ensure that interventions are meeting nutritional standards, and with the Integration Sector, in order to complement livelihood strategies aiming to improve households' well-being.

The Food Security Sector will integrate its work with other Sectors providing assistance (Protection, Health, Wash, Nutrition, Education and Integration) in order to mainstream the centrality of protection and an AGD approach and in order to advocate for a wider inclusion of refugees and migrants in national social protection systems.

The Food Security Sector will, in strong collaboration with other Sectors (Protection, Health, Nutrition and Integration) ensure that food assistance adequately considers the safety of all refugees and migrants and affected members of host communities, and contributes to their integrity and dignity. Therefore, the Food Security Sector will also strengthen partnerships for the implementation of the centrality of protection, and identify joint approaches and synergies as well as begin peer-to-peer exchanges with partners and enhance inter-agency engagement, by prioritizing joint protection initiatives such as the Protection Information Management Initiative for a common/joint analytical framework; joint Complaint and Feedback Mechanisms; and joint protection capacity-building.

The Food Security Sector will improve its monitoring and accountability processes within the overall RMRP monitoring and reporting framework, given the challenges of a response in the context of populations on the move. Partners have also prioritized the need to generate evidence from Food Security interventions for advocacy work.



HEALTH



PEOPLE IN NEED
6.81 M



32.3%



33.9%



16.8%



16.9%



PEOPLE TARGETED
2.72 M



28.6%



33.6%



19.4%



18.4%



TOTAL REQUIREMENTS
230 M



RMRP PARTNERS
86

SECTOR LEADS
UNAIDS-WHO/PAHO

PRIORITY NEEDS

Based on the information generated by national authorities and R4V partners on the health situation of refugees and migrants from Venezuela, the Health Sector has identified the following priority needs:

- According to data shared by health ministries with the R4V National Health Sectors,⁴⁸ COVID-19 vaccines have been provided to more than 477,139 refugees and migrants from Venezuela in Bolivia, Brazil, Colombia, Ecuador, and Peru; of which 144,152 (30 per cent) have received full doses of the vaccine. These advances notwithstanding, more refugees and migrants need to access vaccinations, and greater information and awareness of refugees and migrants and their host communities is needed on how these vaccines work.
- The pandemic has increased the need for mental health and psychosocial support (MHPSS) and clinical care for survivors of rape and intimate partner violence, due to the increase in prevalence of such incidents, thereby challenging service providers' capacities to effectively deliver quality sexual and reproductive health (SRH) services for women of reproductive age and care for survivors of gender-based violence (GBV).
- As a result of the COVID-19 pandemic, countries have suffered major disruptions in the provision of health services and treatment of medical conditions. This has been compounded by shortages of medical supplies, medicines and commodities, such as modern contraceptives, as well as a decline in the demand and use of health services in priority areas, such as mental health, maternal and child health (MCH), family planning, noncommunicable diseases, immunization, tuberculosis, HIV infection, and other communicable diseases including sexually transmitted infections (STIs).

- Refugees and migrants from Venezuela continue to face challenges in accessing medical diagnostic services and treatment for cancer and noncommunicable diseases that require more complex or long-term care at secondary, tertiary, and specialized levels of care. Addressing these problems is a priority to reduce the risk of mortality and complications and requires strengthening access to medicines and continuity of medical follow-up, including cancer screening and preventive services, and the timely provision of medication.

The response to these needs requires placing special emphasis on the most vulnerable groups of refugees and migrants from Venezuela, including children and adolescents, pregnant women, the elderly, LGBTQI+ people, indigenous peoples, Afro-descendants and those with special needs. It is also necessary to strengthen health information systems in RMRP countries by incorporating the nationality variable in national registries and to advance in a greater disaggregation according to sex, age and ethnicity to better guide decision-making and the development of social protection mechanisms.

RESPONSE STRATEGY

86 Health Sector partners operating in all 17 countries of the R4V response will target 2.7 million refugees and migrants from Venezuela and members of affected host communities to receive health assistance. The Regional Health Sector will provide specialized technical cooperation directed at authorities and in-country R4V partners to address health needs, with an emphasis on non-communicable diseases, SRH, maternal and child health care, care for people with post-COVID-19 healthcare needs, MHPSS, and comprehensive approaches for survivors of sexual and intimate partner violence.

- Increase the quality and availability of healthcare for refugees and migrants from Venezuela with COVID-19, including post-COVID-19 assistance, rapid and equitable deployment of vaccines, and mitigation of disruptions in the provision and availability of essential health services.

[48] Source: National immunization programs. Ministries of Health in Bolivia, Brazil, Colombia, Ecuador, and Peru.



- Improve access to essential health services and supplies at all levels of care, including specialized assistance for refugees and migrants from Venezuela in-transit and in-destination, that consider needs according to gender, age, ethnicity, diversity and language. In terms of the impact of the pandemic on service delivery, it is a priority to restore healthcare delivery with an emphasis on primary healthcare and comprehensive preventive services, including SRH services, referral systems and timely delivery of medicines, contraceptives and antiretrovirals.

RESPONSE PRIORITIES

1. Generating and analysing information on health needs and the corresponding response, while conducting advocacy and actively working with authorities and partners for the coordination, management and exchange of information (disaggregated by sex, ethnicity and age, among others), as well as for the systematization of experiences and identification of good practices.
2. Strengthening coordination with the national Health Sectors, in order to achieve greater involvement of civil society organizations, especially from organized groups of refugees and migrants, and to address acute health events.
3. Strengthening of international and national frameworks that ensure greater health protection for refugees and migrants, especially in the face of highly complex health conditions, new strains and variants of COVID-19 and other health emergencies, taking into account priority groups such as children, adolescents, women, older adults, LGBTIQ+ people, survivors of GBV, and indigenous and Afro-descendant communities.

These priorities will be implemented through the following modalities: development of technical documents that include guidelines and recommendations to address the health needs of refugees and migrants from Venezuela and affected host communities; regular coordination meetings between the regional Sector and the national Sectors, especially when acute health events occur, e.g. at the border areas of various countries; capacity-building and support to Health Sector partners and national Sectors through thematic sessions, non-classroom courses and dissemination of technical information; and development of joint assessments and studies among partners.

The Health Sector's response will include joint work with other Sectors, especially Protection and its Sub-sectors to address health needs arising from GBV, and ensure proper attention for UASC, and persons with specific needs; with the WASH Sector, to improve WASH services in health facilities, and to monitor the risk of sanitary conditions among refugees and migrants in the event of outbreaks of water-, food- and vector-borne diseases; and with the Food Security and Nutrition Sectors, to identify urgent care needs in the most vulnerable groups, such as pregnant women and children.

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HUMANITARIAN TRANSPORTATION



PEOPLE IN NEED

994 K



36.9%



36.1%



13.8%



13.2%



PEOPLE TARGETED

103 K



29.1%



31.4%



20.4%



19.1%



TOTAL REQUIREMENTS

11.6 M



RMRP PARTNERS

21

SECTOR LEADS

IOM-OXFAM-UNHCR

PRIORITY NEEDS

Movements of refugees and migrants from Venezuela in the region are generally expected to increase in 2022.⁴⁹ By end 2021, despite many RMRP countries having progressively reopened their borders, relaxed entry restrictions and/or other COVID-19-related travel restrictions, irregular movements significantly increased. Overall, it is anticipated that the issue of irregularity will remain a key concern in 2022.⁵⁰

By October 2021, Venezuela's borders were still closed, leading to an estimated 94 per cent increase in the number of border crossings through unofficial points between Colombia and Venezuela,⁵¹ with several negative consequences including the increased use of unofficial transport companies, payments to smugglers to facilitate illegal entries, increased risks of trafficking and sexual violence,⁵² greater risks of exposure to extreme weather conditions, physical insecurity due to the topography and bad conditions of roads on alternatives routes and exposure to criminal groups or armed groups.⁵³

The lack of documentation and financial means to pay for safe transportation⁵⁴ has caused a notable increase in the number of refugees and migrants from Venezuela spending most of their journey walking from Venezuela through countries of transit and destination. Those in-transit and walking long distances (at times referred to as 'caminantes'⁵⁵) are more exposed to various forms of physical violence, GBV and human trafficking.⁵⁶ In addition, in order to obtain the financial means to continue their journeys, both men and women reportedly resort to the sale or exchange of sex for food, shelter or transport.⁵⁷

Once in-destination or while temporarily staying in a given location, many refugees and migrants from Venezuela need to move within or between cities, districts, or provinces to access protection and health services, employment, basic goods, and carry out administrative procedures related to the regularization of their situation or actions for their socio-economic integration.

Without access to safe daily local transportation, the already extremely vulnerable situation experienced by refugees and migrants from Venezuela (particularly single mothers,

[49] See R4V Planning Assumptions and Scenarios 2022 survey results for a more detailed read-out: <https://bit.ly/3FK9Fmv>

[50] Ibid.

[51] GIFMM Colombia: Joint Needs Assessment, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[52] 44 per cent of refugees and migrants surveyed declared that they had paid to cross the Colchane pass (Chile), while 50 per cent omitted the answer, and only 6 per cent declared that they had not paid. IOM Chile, Venezuelan Population Flow Monitoring 5, March 2021: <https://dtm.iom.int/reports/chile-%E2%80%94-monitoreo-de-flujo-de-poblaci%C3%B3n-venezolana-5-marzo-2021>. Peru - Joint Needs Analysis (RMRP), May 2021: <https://www.r4v.info/es/document/analisis-conjunta-de-necesidades-rmrp-2021>

[53] See Multisector GIFMM Colombia, Humanitarian Transportation: Challenges and Answers, February 2021: https://www.r4v.info/sites/default/files/2021-06/2-pager_TRANSPORTEHUMANITARIO_Multisector_compressed_%281%29.pdf and other sources such as ACAPS, Venezuela / Colombia Caminantes: Needs and vulnerabilities of Venezuelan refugees and migrants who travel on foot, January 2021: https://www.acaps.org/sites/acaps/files/key-documents/files/20210121_acaps_thematic_report_caminantes_in_colombia_and_venezuela_spanish.pdf. For more detailed information on similar situations in various borders, please see chapters on Humanitarian Transportation in the different National Platform chapters.

[54] Mazuera-Arias, R., Albornoz-Arias, N., Freitez, A., Calderón O., (2021). Informe de movilidad humana venezolana IV. Caminantes y retornados: ilusión y decepción (1º de julio al 30 de septiembre 2021). San Cristóbal, Venezuela: Observatorio de Investigaciones Sociales en Frontera (ODISEF): <https://odisef.org/wp-content/uploads/2021/10/Informe-de-Movilidad-Humana-IV.pdf>

[55] ACAPS, Venezuela / Colombia Caminantes: Needs and vulnerabilities of Venezuelan refugees and migrants who travel on foot, January 2021: https://www.acaps.org/sites/acaps/files/key-documents/files/20210121_acaps_thematic_report_caminantes_in_colombia_and_venezuela_spanish.pdf

[56] 61 per cent of refugees and migrants interviewed reported having been victims of discrimination along the route between Venezuela and Chile, as well as 38 per cent victims of assaults, theft, fraud and threats. Chile, Rapid Inter-Agency Assessment, North Zone. February 2021: https://r4v-iat.info/sites/default/files/2021-06/GTRMCHILE-Evaluaci%C3%B3nR%C3%A1pida-Reporte-Mayo2021_VF.pdf

[57] Youth participating in consultative focus group discussions for the RMRP 2021 reported that young men aged 18-23 were increasingly resorting to the sale of sex as a coping mechanism. See <https://www.r4v.info/es/proteccion>

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pregnant women, children, people traveling alone – especially women, people with disabilities, the elderly, LGBTIQ+ persons, indigenous and Afro-descendant persons and those in irregular situations⁵⁸) is aggravated, increases their exposure to health⁵⁹ and protection risks, and their inability to locally integrate.

RESPONSE STRATEGY

Humanitarian Transportation seeks to safeguard dignified and safe human mobility, ensuring physical well-being and access to basic transport services based on minimum standards that are focused on the prevention and mitigation of protection, health, and other physical risks. The response of the Humanitarian Transportation Sector seeks to provide assistance for border-to-border, internal and daily transportation within the internal borders of host countries⁶⁰ for the most vulnerable refugees and migrants from Venezuela, regardless of their situation in-country and working towards the following three objectives:

- **Protection**, including mitigation of the risks of human trafficking, smuggling and GBV, particularly for women, girls and LGTBQI+ persons, as well as avoiding the separation of children from their families. This also includes transportation to facilitate access to protection services.
- **Access to regularization**, and consequently **integration**, by supporting refugees and migrants from Venezuela to travel to their destinations, often urban centres with greater availability of legal assistance, government services and employment opportunities, and supporting family reunification, particularly for UASC.⁶¹
- **Access to basic goods and services** by providing transportation assistance to those who would not otherwise be able to access food, household items, health and MHPSS services, or education.

Activities will be adapted to COVID-19-related health restrictions, as well as to each country's migration policies. The three main forms of humanitarian transportation assistance are:

Internal transportation is provided between localities within the borders of a country, primarily to support family reunification, and to destinations where concerned refugees and migrants can benefit from existing support networks or employment. It also includes round-trip transportation to facilitate access to services, particularly to health services and those related to regularization and documentation processes, which are not available in the locality.

Daily local transportation facilitates access to services and socio-economic integration, provided within a locality or between nearby localities to facilitate round-trip mobility, generally from the peri-urban to urban centres. It supports the identification of livelihood opportunities and access to services, including administrative and regularization services. It seeks to minimize daily transportation costs for refugee and migrant households from Venezuela, allowing them to prioritize the purchase of food and other essential expenses. Generally, this is the modality with the least restrictions and the most necessary in the first weeks of arrival at destination.⁶²

Border-to-border transportation can be provided within the borders of a country to those in-transit, only under the conditions of possessing the relevant documentation that allow entrance into a bordering country. Examples for this have included humanitarian visas, cases of family reunification, as well as in some contexts the proven existence of support networks or possession of an employment contract. Such assistance must be carried out in close coordination between National or Sub-regional R4V Platforms and competent national authorities on both sides of the border.

The Sector will mainstream information and awareness campaigns about the risks on travel routes, as well as the conditions of available services, and norms and regulations of transit and destination countries. This will be done by developing Information, Education and Communication (IEC) materials, including key messages, for sector partners to be used during activity implementation.

The response will be implemented both in-kind – for example, through the provision of transportation via partner's buses or in collaboration with the private sector or authorities – as well as through vouchers or direct cash transfers (CVA) for the purchase of travel tickets, based on the context, depending on the protection risks associated with cash transfers and capabilities of partners, and carried out in close coordination with national and local governments.

The response will ensure intersectoral complementarity with the **Human Trafficking and Smuggling, Child Protection and GBV Sub-sectors**. Information and awareness-raising activities on human trafficking and GBV will be carried out at transportation terminals and on-board vehicles, and partners will be trained to prevent and identify cases. Mainstreaming protection in the response, in particular on access to regularization and documentation, will be coordinated with the **Protection Sector**.



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Close collaboration will be maintained with the **Health and WASH Sectors** to ensure the distribution of PPE and compliance with COVID-19 prevention protocols, including access to water and sanitation at transport terminals. Likewise, the distribution of household and transit safety kits on the route will be coordinated together with the **Shelter Sector**; kits may include reflective vests, whistles, canteens, and warm clothing, among other items. Collaboration with the **Integration Sector** will seek to complement initiatives related to access to livelihoods and regularization. The response also includes measures to reduce the **environmental impact** of activities.

Communication campaigns, coordinated with the **Communication Working Group**, will raise awareness on the situation of refugees and migrants from Venezuela in transit, with a focus on preventing xenophobia and different forms of discrimination suffered by people on the move.

Response principles, good programming / collective accountability considerations

The Sector will work with the **AAP and CwC Working Groups**, prioritizing direct consultations with the populations supported with humanitarian transportation, as well as learning about the needs, challenges and obstacles to accessing it. The Sector will also work with **PSEA focal points** for risk prevention and mitigation, to identify risks of SEA throughout refugees' and migrants' journeys from Venezuela, and incorporate this information into trainings of R4V partners.

[58] See, e.g. ACAPS, Venezuela / Colombia Caminantes: Needs and vulnerabilities of Venezuelan refugees and migrants who travel on foot, January 2021: https://www.acaps.org/sites/acaps/files/key-documents/files/20210121_acaps_thematic_report_caminantes_in_colombia_and_venezuela_spanish.pdf and Chile, Rapid Inter-Agency Assessment - North Zone, February 2021: https://r4v-uat.info/sites/default/files/2021-06/GTRMCHILE-Evaluaci%C3%B3n%20R%C3%A1pida-Reporte-Mayo2021_VF.pdf

[59] 8 per cent of the refugees and migrants from Venezuela surveyed in Ecuador did not go to the health center when required due to lack of financial means and / or transportation. GTRM Ecuador, Joint Needs Assessment, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021ador-Joint-Needs-Assessment-May-2021>

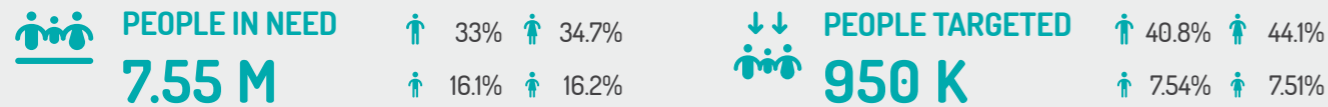
[60] Following the position of the R4V Regional Platform, this type of intervention is not intended to facilitate return to Venezuela, following the *Do no Harm* principle. For more information see the Updated ToRs of the Humanitarian Transportation Sector (forthcoming).

[61] The cost of transporting people to organizations to receive help and guidance with the procedures is an additional barrier to accessing documentation. OAS and R4V Protection Sector, Impact of COVID-19 on refugees and migrants from Venezuela: Evicted people, sex workers and indigenous peoples, September 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[62] In Ecuador, humanitarian transportation is the third priority need for refugees and migrants from Venezuela with a presence in the country for less than a month, and decreases in priority over time. GTRM Ecuador, Joint Needs Assessment, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>



INTEGRATION



PRIORITY NEEDS

The **lack of recognition of academic and professional credentials** obtained abroad is one of the main barriers for refugees and migrants from Venezuela to access the formal labour market. Refugees and migrants from Venezuela tend to have educational credentials equal to or higher than those of the receiving-country population. Yet, for example, only 10 per cent of Venezuelans in Chile, Colombia and Peru report having had their academic and professional credentials recognized, as of October 2020.⁶³ The **need for economic recovery of refugees and migrants from the impacts of COVID-19** is the second Sector priority for 2022, particularly for women, youth, workers in the informal labour market, and businesses.

The proportion of refugees and migrants from Venezuela working in the informal labour market is higher than among nationals in host countries.⁶⁴ The pandemic exponentially affected those with informal employment, closing down previously available informal job opportunities, and with these workers outside of social protection schemes. Venezuelan women in particular worked in sectors disproportionately affected by the pandemic (including services, care work, and retail): in Chile, 31 per cent of Venezuelan women lost their jobs during the pandemic, compared to 19 per cent of Venezuelan men⁶⁵ and in Peru, 70 per cent of Venezuelans in

Lima who reported being unemployed were women.⁶⁶ Youth (persons between the ages of 15 and 24 years) were also particularly affected, due to interruptions in their educational and professional trainings.⁶⁷

Venezuelan-owned businesses, as well as businesses that employed Venezuelan refugees and migrants, were strongly affected by the pandemic. For example, in Trinidad and Tobago, about a third of small and medium businesses closed until August 2021.⁶⁸

Furthermore, unemployment and underemployment in the region have reduced access to adequate housing for refugees and migrants from Venezuela, in turn restricting access to integration programmes and fundamental rights.⁶⁹ Access to adequate shelter is related to improved quality of life, including both physical and mental health, as well as WASH facilities. Having decent and stable housing is central for refugees and migrants to be able to seek employment and maintain their job once they find one.

Against the above background, income-generation and employment have been identified as a top priority of refugees and migrants for 2022 in various R4V joint needs assessments.⁷⁰ Pursuant to consultations with R4V partners in shaping the regional planning assumptions, the inclusion

of refugees and migrants in national COVID-19 economic recovery plans will be crucial.⁷¹ Finally, the Sector identified the **need to address increasing xenophobia**, especially in Brazil, Colombia, Chile, Mexico, and Panama.⁷² In these countries, recent acts of violence against refugees and migrants have taken place, calling attention to the need to invest in activities that promote social cohesion and highlight how refugees and migrants contribute to the local economies, especially during the COVID-19 pandemic and recovery.⁷³

RESPONSE STRATEGY

The Integration Sector's response priorities for 2022 are aligned with those of the Regional Strategy for Socio-Economic Integration⁷⁴, endorsed by participating Quito Process states. The Sector will prioritize strengthening of processes for the **recognition of titles and skill certification**. The activities will prioritise youth and women, who in some countries have higher educational levels than men, and yet face higher levels of unemployment and underemployment.⁷⁵ The Sector will also **support livelihoods and income generation**, focusing on post-COVID-19 recovery as well as relevant emerging economic sectors. This will include support for new and recovering entrepreneurship and labour market integration within cities, including for specific population groups, such as women, GBV survivors and persons at risk of GBV, victims of trafficking, indigenous persons, Afro-descendants, youth, LGBTQI+ persons, and persons with specific needs. Finally, the Sector will design and implement **social cohesion activities** focused on reducing xenophobia, which will consider the needs of affected host communities and highlight how they can benefit from the integration of refugees and migrants from Venezuela in their territories.

The Sector will engage a variety of actors, including authorities, the private sector, civil society, employment agencies, public employment services, employers' and workers' organizations, the media, opinion leaders and influencers, and refugee- and migrant-led organizations, to foster dialogue, support livelihoods and promote local development and effective integration at national and local levels.

At the **national level**, the response will be comprised primarily of **capacity-building and support** (trainings, development of informational materials and guidance) for refugees and migrants from Venezuela as well as affected host communities (on vocational and soft skills and entrepreneurship); for the private sector and employers (on labour rights and fair recruitment processes); and for workers' organizations and civil society (on how to integrate refugees and migrants to their activities and consider them in their institutional design); **direct support** (in-kind or CVA) for refugees and migrants from Venezuela, to support employability and the start-up or recovery of entrepreneurship initiatives; **support to public services** (technical assistance, human resources and/or material support) to local and national

government institutions on policy design and implementation; **direct implementation** of social cohesion and community-based activities; and **studies, assessments and tools** to understand labour markets, socio-economic profiles, challenges and opportunities, including in cities.

At the **regional level**, the response will focus on facilitating the **exchange of best practices and lessons learned** through regular coordination meetings, webinars, and the dissemination of visibility materials. It will also include the development of **regional operational tools and guidance** to support National and Sub-regional R4V Platforms, refugee- and migrant-led organizations and national authorities and governments, while publications of regional **studies** on relevant integration topics will contribute to informed decision-making and programme design.

The Sector will promote a **holistic response** to integration challenges by coordinating intersectorally to ensure that multiple facets of integration are addressed (supporting income-generation with legal support, documentation, life skills and psychosocial well-being) and by involving a variety of partners in programme planning (governments, employers' and workers' organizations, civil society, etc.). The Sector will work closely with the **Cash Working Group** and the **Protection Sector**, linking to their work on emergency cash assistance and regularization as the first steps of the integration process. The Sector's focus on vulnerable persons will further involve close coordination and collaboration with the **Human Trafficking and Smuggling, Child Protection and GBV Sub-sectors** to mitigate risks faced in particular by women and the LGBTQI+ population when searching for employment or entrepreneurship opportunities, and the provision of alternative income-generating activities for refugees and migrants engaged in sex work. The Sector will also work with the **Education Sector** on the recognition of academic degrees, the **Health Sector** on occupational health and safety (OHS) of migrant and refugee workers, and the **Shelter Sector**, to link cash-for-rent to access to affordable and adequate housing to promote medium- and long-term integration.

The Sector will **strengthen the capacities** of integration partners on PSEA in programming, gender mainstreaming and meaningful participation of women, men, girls and boys in the design, implementation and monitoring of programmes, and AAP through webinars and development of relevant tools. The sector will also **develop guidance** for the integration of specific groups, such as LGBTQI+ refugees and migrants.

[63] IOM-MPI: Socioeconomic Integration of Venezuelan Migrants and Refugees: The Cases of Brazil, Chile, Colombia, Ecuador, and Peru. Chaves-González, Amaral y Mora, 2021: <https://www.r4v.info/en/document/iom-mpi-socioeconomic-integration-venezuelan-migrants-and-refugees-cases-brazil-chile>

[64] Ibid.

[65] IOM, Encuesta de la Migración Venezolana en Chile – DTM, 2021: https://displacement.iom.int/system/tdf/reports/dtm_4ta_ronda.pdf?file=1&type=node&id=11395

[66] UNDP, Conociendo a la población refugiada y migrante en Lima Metropolitana, 2021: <https://www.r4v.info/es/document/conociendo-la-poblacion-refugiada-y-migrante-en-lima-metropolitana>

[67] CEPAL, Estudio Económico de América Latina y el Caribe 2021: Dinámica laboral y políticas de empleo para una recuperación sostenible e inclusiva más allá de la crisis del COVID-19, 2021: <https://www.cepal.org/es/publicaciones/47192-estudio-economico-america-latina-caribe-2021-dinamica-laboral-politicas-empleo>

[68] Informe de Situación R4V - Caribe - agosto 2021. R4V Sitrep Caribbean, August 2021: <https://www.r4v.info/es/document/informe-de-situacion-r4v-caribe-agosto-2021>

[69] UN-Habitat, Human Rights in Cities Handbook Series, Volume I: The Human Rights Based Approach to Housing and Slum Upgrading, 2017: <https://unhabitat.org/the-human-rights-in-cities-handbook-series-volume-i-the-human-rights-based-approach-to-housing-and-slum-upgrading>

[70] GIFMM Colombia: Evaluación Conjunta de Necesidades, Junio 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>; y GTRM Ecuador: Evaluación Conjunta Necesidades, Mayo 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>

[71] R4V Regional Platform, Planning Assumptions and Scenarios for 2022: <https://bit.ly/3r4yV2L>

[72] Ibid.

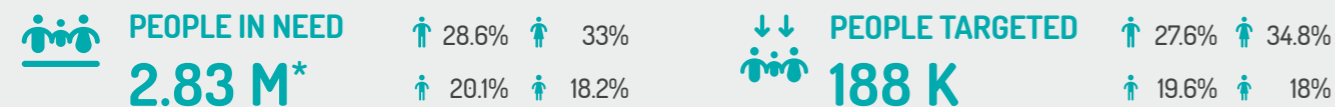
[73] ILO highlights the labour of Venezuelan migrant workers in the front line against COVID-19 in Latin America. ILO, 2021: https://www.ilo.org/americas/sala-de-prensa/WCMS_794093/lang-es/index.htm

[74] ILO and UNDP, Regional Strategy for Socio-Economic Integration, February 2021: https://www.ilo.org/wcmsp5/groups/public/-americas/-ro-lima/documents/publication/wcms_775183.pdf. Now officially adopted by countries in the region.

[75] Employment and Education: Obstacles and Capabilities of Migrant and Refugee Women from Venezuela. IOM, 2021: <https://reliefweb.int/sites/reliefweb.int/files/resources/2-employment%28V2%29ML.pdf>



NUTRITION



PRIORITY NEEDS

The nutrition situation of refugee and migrant children and women from Venezuela is an issue of grave concern, including for children under five years of age (especially for children under two) as well as for adolescents (particularly girls) and pregnant and breastfeeding women, as the population groups inherently vulnerable to malnutrition compared to other population groups due to their heightened nutritional needs. The first 1,000 days of life – the time from conception to a child's second birthday – is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established. Adolescence is a second window of opportunity for growth and development and a chance to break the intergenerational cycle of malnutrition. Without access to timely nutrition interventions to prevent, identify and treat malnutrition, these vulnerable groups face high risks of malnutrition, infection, and death, especially younger ones.

In the current emergency, refugees and migrants from Venezuela face multiple challenges in-transit and in-destination, including limited access to safe drinking water, basic health and

nutrition services, and nutritious food. The COVID-19 pandemic increased these challenges through mobility restrictions, restricted access to health services, rising unemployment, and poorer mental health, all with consequences on nutritional status. R4V Nutrition Sector partners have identified malnutrition in vulnerable groups of refugees and migrants from Venezuela:⁷⁶ for example, in Ecuador, stunting prevalence was high in 2020 both among the local population and among refugees and migrants (17% among refugee and migrant children, 25% among local children).⁷⁷ Similar tendencies were observed by the Sector in Peru,⁷⁸ Brazil,⁷⁹ and Colombia.⁸⁰ Moreover, in Colombia, the National Health Institute indicated that 19 per cent of child deaths associated with malnutrition in 2019 were among children from Venezuela, with 91 per cent of these being children under two.⁸¹ Of those deaths associated with malnutrition of children from Venezuela in Colombia, 90 per cent were due to lack of timely health and nutrition care.⁸²

RESPONSE STRATEGY

The R4V Nutrition response has a differentiated focus, targeting population groups inherently vulnerable to malnutrition:

children under five years of age, especially children under two; adolescents, particularly girls; and pregnant and breastfeeding women.⁸³

In 2022, the R4V Nutrition Sector will focus their response on three main priorities:

1. Ensure access to quality nutrition services and/or interventions for population groups vulnerable to malnutrition to prevent, identify and treat malnutrition. This will be mainly done through local health services, in Brazil, Colombia, Ecuador, Peru, Bolivia, Guyana, and Trinidad and Tobago.

b. Response interventions aiming at preventing malnutrition in vulnerable groups through:

i. Nutrition counselling aimed at caregivers of children under two years of age, with a focus on infant feeding, to support breastfeeding and guide caregivers' food choices and feeding practices. This will be accompanied with fortification of children's food with vitamins and minerals in contexts of scarce food diversity, to prevent micronutrient deficiencies. Nutritional supplementation to provide energy and protein will target children under five years of age in-transit.

ii. Nutrition counselling and micronutrient supplementation targeting adolescents and pregnant and lactating women to support their increased nutrient needs to prevent anemia and/or other forms of malnutrition.

iii. Empowerment of caregivers of children, families and communities through timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of beneficial diets, services and practices, including improved access to information about the location and type of nutrition services that can be accessed.

c. Response priorities will also include identification and treatment of malnutrition, particularly children under five with acute malnutrition, who have a higher risk of mortality.

2. Generating evidence on the nutrition situation:

Characterize the nutrition situation of vulnerable population groups in order for the R4V response to have a better understanding of the severity of the impact of the crisis of movements from Venezuela, coupled with COVID-19 effects, on their nutritional status.

3. Advocating for nutrition interventions as priority activities to save lives: Strengthen advocacy efforts to mobilize additional support for the Nutrition Sector response, highlighting its importance, added value and lifesaving impact.

Specific efforts of regional Nutrition Sector partners will focus on:

- Technical assistance and capacity-strengthening targeting national nutrition partners regarding all aspects of the nutrition response, including knowledge-sharing among countries.
- Evidence generation regarding countries' capacities to manage acute malnutrition in children under five.
- Advocacy to make visible the nutritional risks faced by vulnerable groups and the priorities and needs of the Sector in order to mobilize additional resources for the response.

Response modalities for capacity-strengthening will include regular training of healthcare staff to conduct nutrition interventions adapted to the COVID-19 context; strengthening the nutrition workforce in health services through funding of additional nutrition experts in national healthcare institutions; and providing technical assistance to health authorities to review, update or develop protocols to manage malnutrition.

Ensuring access to specialized nutrition supplies will be an important response modality. This will include equipment to identify malnutrition, and nutrition products to prevent and treat malnutrition among vulnerable refugees and migrants from Venezuela and host communities.

Response modalities for advocacy will be determined once the advocacy strategy is finalized but it is expected to include communication tools and events with stakeholders and decision-makers.

For evidence generation, studies will be carried out to characterize the nutrition situation of vulnerable groups using standardized methods, for example SMART surveys.⁸⁴ Finally, to improve timely identification and follow-up of malnutrition cases, nutrition surveillance and monitoring systems will be strengthened.

Coordination with the Health, Protection, Food Security and WASH Sectors will be pursued to respectively ensure access to essential nutrition services and psychosocial support, ensure that specific nutrition needs of vulnerable groups are taken into account in food assistance, and guarantee quality drinking water, basic sanitation and promote hygiene practices.

[76] Data presented under Priority Needs was not obtained from surveys using representative samples, but mostly from nutritional screening or from surveillance data from national health information systems. As such, data should not be interpreted as prevalence or rates representative of the nutrition situation in a country or population group in a country.

[77] World Bank, Retos y oportunidades de la migración venezolana en Ecuador, 2020: <https://www.bancomundial.org/es/events/2020/06/17/evento-virtual-retos-y-oportunidades-de-la-migracion-venezolana-en-ecuador>

[78] 61 Venezuelan children were diagnosed with acute malnutrition out of 1,135 assessed (5.4 per cent), compared with 88 (3 per cent) of Venezuelan children with acute malnutrition out of 2,910 assessed in 2020. Source: Action Against Hunger (ACH) and the Ministry of Health, National Institute of Health, Peru, 2021. Conversatorio: situación nutricional de niños y niñas refugiados y migrantes en el Perú. https://www.r4v.info/es/document/Situacion_nutricional_NN_RyM_Ago21

[79] 103 children out of 1,203 assessed (8.6 per cent) in shelters from December 2020 to March 2021 were diagnosed with acute malnutrition (83 moderate and 20 severe: 6.9 and 1.7 per cent respectively) and 262 (21.8 per cent) with chronic malnutrition (stunting). Source: UNICEF, 1st quarter of 2021 - Primary Health Care supported by UNICEF in shelters for refugees and migrants from Venezuela in Brazil.

[80] From January to September 2021, 72 children under five were diagnosed with acute malnutrition out of 1,642 assessed in Colombia (4.3 per cent). Also, 146 (4.8 per cent) of pregnant and lactating women from Venezuela presented some type of malnutrition out of 3,046 assessed. Source: ACF- UNICEF, Nutritional Screening in Colombia, January 2021 to September 2021, unpublished data.

[81] Sistema de Vigilancia Epidemiológica, 2020. Instituto Nacional de Salud, Colombia: <https://andbit.ly/3E5oS1n> Sistema de Vigilancia Epidemiológica, 2020. Instituto Nacional de Salud, Colombia: <http://www.ins.gov.co/>

[82] Ibid.

* The regional R4V Nutrition PIN covers needs that are broader than those usually targeted by nutrition responses, and has considered variables such as extreme poverty and access to food.

[83] Activities submitted by R4V Nutrition actors should reflect the agreed focus of the Regional R4V Nutrition Sector on nutrition-specific interventions, targeting children under five, pregnant and lactating women, and adolescents. See <https://scalingupnutrition.org/progress-impact/evidence-informing-action/nutrition-in-the-lancet/>.

[84] The SMART (Standardised Monitoring and Assessment of Relief and Transitions) Methodology is a standardised, simplified, cross-sectional field survey method designed to aid the collection of quality, up-to-date and timely nutrition data necessary for decision-making. It was developed to harmonize methods for nutrition assessments, especially during emergencies.



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Linkages will be sought with the Gender, Environment and accountability to affected populations (AAP) focal points regarding capacity-strengthening targeting national and sub-regional Nutrition Sectors:

- The R4V Nutrition Sector will guide nutrition partners on how to integrate environmental considerations in nutrition emergency programming using the "Virtual Environmental Field Adviser" developed in 2021.⁸⁵
- Support will be provided to National and Sub-regional Platforms to ensure feedback and accountability mechanisms are integrated into country activities.
- Girls and women will be supported and empowered to prevent and identify malnutrition, given that caretaking responsibilities of children with acute malnutrition disproportionately fall on women.

[85] R4V Virtual Environmental Field Adviser - Nutrition, 2021: <https://www.r4v.info/en/document/virtual-environment-field-adviser-virtual-efa-nutrition>



PROTECTION



PEOPLE IN NEED
6.84 M

31.6% 34%
17.2% 17.2%



PEOPLE TARGETED
1.29 M

28.3% 35.1%
18.4% 18.2%



TOTAL REQUIREMENTS
220 M



RMRP PARTNERS
109

SECTOR LEADS
HIAS-UNHCR

PRIORITY NEEDS

COVID-19 pandemic-related border closures and travel restrictions have resulted in greater numbers of refugees and migrants from Venezuela entering countries irregularly while seeking protection and assistance: according to the JNA conducted in Brazil, the number of Venezuelans entering the country irregularly rose from 45 per cent to 70 per cent in 2021.⁸⁶ Similarly, 68 per cent of refugee and migrant households from Venezuela surveyed in Colombia,⁸⁷ 62 per cent of those surveyed in Ecuador⁸⁸ and 73 per cent of those surveyed in Chile⁸⁹ stated being in an irregular situation. Irregularity, lack of access to asylum and regularization pathways and lack of documentation continue to increase vulnerability to a myriad of other protection threats, such as refoulement, human trafficking and extortion, both for the population in-transit and in-destination. Similarly, lack of documentation limits employment and income-generating prospects, leading to an inability to meet basic needs, and greater risks of eviction and homelessness. Further, situations of irregularity and lack of documentation also affect refugees' and migrants' ability to exercise fundamental rights and access public services.⁹⁰

Closure of borders continues to increase protection risks, has strengthened trafficking and smuggling networks, and led to risks of sexual and labour exploitation, family separation, refoulement and growing illicit economies linked to irregular

armed groups and organized crime. Other key challenges include increasing incidents of xenophobia and discrimination, the lack of adequate services provision, as well as limited technical capacity and gaps on identification and referral mechanisms, especially for survivors of violence. The needs for mental health support (including at the clinical level), legal assistance, representation and safe houses, as well as for resettlement pathways, have grown.

During the Sector's consultation process with its regional members, national Sectors and the Coalition for Venezuela⁹¹ in August 2021, several key challenges were identified. In particular, since the onset of the pandemic, Protection Sector members have been facing challenges to maintain border monitoring, protection analysis and effective responses to emerging protection risks. Other challenges faced by R4V partners relate to the transition to remote guidance/assistance. This process led to the identification of the following priority needs:

1. Supporting national asylum systems and regularization processes in the region to ensure broad access and eligibility, protection against refoulement, as well as advocating for other legal stay arrangements for those who do not meet regularization criteria and who would otherwise remain in irregular situations.⁹² This includes ensuring access to most affected groups, particularly indigenous peoples

[86] Brazil R4V National Platform, Joint Needs Assessment (JNA) (November 2021). Publication forthcoming.

[87] Colombia R4V National Platform (GIFMM), Joint Needs Assessment (JNA) for the population in destination (June 2021): <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[88] Ecuador R4V National Platform, Joint Needs Assessment (JNA) (May 2021): <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>.

[89] Displacement Tracking Matrix (DTM) IOM Chile. <https://reliefweb.int/sites/reliefweb.int/files/resources/oim-dtm-ronda5.pdf>

[90] According to 60 per cent of refugees and migrants surveyed in Peru, lack of documentation was the main obstacle to accessing the country's public health system; and lack of documentation was one of the top two causes given for the 25 per cent of refugee and migrant children not enrolled in schools in Colombia.

[91] Between July and August 2021, the Regional Protection Sector held a series of consultations with 138 organizations – both appealing partners and implementing organizations – participating in the RMRP 2021, as well as 58 member organizations of the Coalition for Venezuela, a network of refugee and migrant-led organizations working with Venezuelans. Available at: <https://www.r4v.info/es/proteccion>

[92] More info: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021> and <https://www.r4v.info/es/document/gifmm-colombia-summary-joint-needs-assessment-round-1-2021>

through culturally sensitive regularization processes, birth registration procedures and documentation.⁹³

2. Reducing risks of eviction and homelessness, which have impeded refugees' and migrants' access to national protection systems, particularly in the context of COVID-19: of refugee and migrant households at risk of eviction who were surveyed in 7 countries, 50 per cent had already been evicted and 38 per cent were facing new eviction threats, while 50 per cent of those evicted were in an irregular situation.⁹⁴
3. Offering specialized services adjusted to emerging protection risks with a differentiated and intersectoral approach, informed and developed with most affected groups consulted in the planning process for 2022.⁹⁵ Of particular relevance are services regarding legal aid and orientation (on detention, deportation and other expedited removal procedures and evictions), specialized mental health and clinical psychosocial support interventions, early parenting training, as well as information-sharing on protection risks along the routes to their destinations.

RESPONSE STRATEGY

1. Strengthen identification, referral mechanisms and case management of persons at-risk by promoting effective access to rights and services (including access to territory and asylum and/or other protection pathways for heightened-risk cases) and by strengthening services provided by members of the three Sub-sectors and the Support Spaces WG. To increase services responsive to protection risks linked to COVID-19, the Sector will facilitate regional protection analyses, update inter-agency tools for border monitoring and conduct protection assessments, including community consultations.
2. Provide technical assistance to host governments regarding regularization processes, best practices and lessons learned through comparative analysis, including advocacy with governments through the framework of the Quito Process. Develop mitigation strategies for refugees and migrants from Venezuela who remain in irregular situations.
3. Support advocacy initiatives to ensure refugees and migrants from Venezuela have access to national social protection systems, particularly to prevent evictions by working in close coordination with the Integration and Shelter Sectors, and increased access to justice, legal aid and protection from violence.

Protection Sector partners will provide direct assistance to refugees and migrants from Venezuela, strengthen prioritization criteria, identification of persons in need of assistance and referral mechanisms, and conduct advocacy with key stakeholders, including donors, human rights mechanisms, Venezuelan refugee- and migrant-led organizations through high-level panel discussions, data collection and protection analysis.

The Sector will proactively engage with governments through the Quito Process, with recommendations on initiatives to improve favourable protection environments, strengthen regional approaches, and promote complementarity between actors.

Finally, the Sector will maintain capacity-support processes both for its members, as well as to key stakeholders and governments to positively influence regional agendas by highlighting the most affected populations, least supported geographical areas and most critical protection risks. Protection response and priorities will continue to be adjusted through regular and improved protection analysis and monitoring.

Response approaches have been articulated in coordination with the Sub-sectors and the Support Spaces WG to improve coherence and effective response on cross-cutting impacts and needs. The Sector promotes joint advocacy with its Sub-sectors regarding access to asylum and regularization procedures for at-risk populations and joint protection assessments and analysis with the Sub-sectors on HT&S and Child Protection on double affectation and organized crime. Close coordination with the Regional Shelter Sector will continue in 2022 on housing, land and property (HLP) matters, including the analysis of the effects on housing tenure of refugees and migrants from Venezuela, and to design alternatives for accessing durable solutions in the short, medium and long term. Efforts to strengthen regularization initiatives will be coordinated with the Integration Sector.

AAP will be at the centre of the Sector's response in 2022 by establishing community-based mechanisms by partnering with local leaders to ensure participation and inclusion, communication and transparency, feedback and response with an age, gender and diversity approach. The Regional Protection Sector will engage with grassroots organizations representing Venezuelan refugees and migrants through wider consultation processes to ensure accountability, pertinence, and legitimacy of the response. Finally, critical links between the PSEA COP and the Regional Protection Sector will be established to tackle protection gaps reported by refugees and migrants, service providers and authorities.

[93] This was a priority need mentioned by indigenous peoples in Colombia, Brazil, Guyana and Trinidad and Tobago during consultations led by the Regional Protection Sector beginning in 2020. The consultations led to the identification of 8 key protection needs presented to the UN Special Rapporteur and the IACHR in a High-Level Forum in November 2021.

[94] The Regional Protection Sector and Regional Shelter Sector survey on evictions included 1,021 households in 7 countries in Latin America and the Caribbean, with the support of 20 member organizations and five universities: <https://www.r4v.info/en/evictiontools>

[95] See <https://www.r4v.info/en/protection>. Findings regarding COVID-19 impacts on these populations groups (including youth ages 18-23, sex workers/ people in situations of prostitution, transgender women, evicted persons and indigenous peoples) can be found in the disproportionate impacts report of the Regional Protection Sector in coordination with the OAS in 9 countries of the region: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>



CHILD PROTECTION



PEOPLE IN NEED

2.52 M



5.05%



6.12%



43.9%



44.9%



PEOPLE TARGETED

306 K



5.18%



6.67%



44.8%



43.3%



TOTAL REQUIREMENTS

53 M



RMRP PARTNERS

48

SECTOR LEADS

UNICEF-WORLD VISION

PRIORITY NEEDS

Refugee and migrant children and adolescents from Venezuela face diverse challenges in-transit and in-destination, due to the lack of security and safety for them and their families. They are highly vulnerable and often encounter different forms of violence, abuse, neglect and exploitation. These include GBV, human trafficking and smuggling, recruitment by armed groups, and discrimination, among other risks that have increased with COVID-19-related lockdowns, such as domestic violence, evictions, and mental health effects on the well-being of refugee and migrant children and adolescents, especially those separated or unaccompanied.⁹⁶

Girls and boys are particularly vulnerable to the risks associated with mixed movements, including family separation, extortion, fraud, harassment and intimidation. Unaccompanied and separated children (UASC) and undocumented children face even greater risks of abuse and exploitation, as well as numerous challenges to their inclusion in national child protection systems for access to rights and basic and specialized services. In addition, they face higher risks of being placed into a protection center (institutionalized), deprived of their liberty and without family contact.⁹⁷

The Sub-sector's members' consultations and the Joint Needs Assessments (JNAs) of National R4V Platforms demonstrate the specific needs of UASC in particular,⁹⁸ according to their gender, age, ethnicity and disability.⁹⁹ The same assessments highlight that during the COVID-19 pandemic, the lack of a safe and protective educational environment exacerbated protection risks for refugee and migrant children, and limited possibilities for early identification and minimization of risks. Other needs highlighted by partners during consultations

were the prevention of forced recruitment of children and adolescents by armed groups and criminal networks, family reunification, mental health support, and GBV age-appropriate response services.¹⁰⁰

RESPONSE STRATEGY

The Child Protection Sub-sector response aims to contribute to government, civil society, and child protection actors' efforts so that refugee and migrant children and adolescents from Venezuela are protected from violence, abuse and exploitation, and their well-being is promoted.

To accomplish this, the Sub-sector has focused the response on the following priorities:

1. **Strengthen and increase child protection actors' capacities** by ensuring that child protection standards are integrated into responses; that services are age appropriate and delivered with a child-centred approach; and that actors understand risk and protective factors for children, so they are integrated into protection programmes with the aim of preventing and mitigating violence against children. The main areas for capacity-building and support to organizations and institutional actors will be mental health and psychosocial support (MHPSS), legal orientation, child protection standards in humanitarian action, and special needs and case management of UASC and child GBV survivors, particularly girls. Based on the principle of the best interests of the child, it will be essential to strengthen organizational and state capacities in order to prevent family separation and improve alternative care arrangements for UASC.

[96] R4V, Regional Protection Sector: Regional consultations with Sector members and disproportionately impacted groups, 2021. <https://www.r4v.info/es/proteccion>

[97] See the respective national Child Protection Sub-sector chapters' situational analysis.

[98] <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[99] R4V Regional Protection Sector and Regional Shelter Sector survey on evictions, 2021: <https://www.r4v.info/en/evictiontools>

[100] RMRP Mid-Year Report, 2021: <https://www.r4v.info/en/document/rmrp-2021-mid-year-report>

2. Improve prevention, mitigation and response child protection mechanisms as well as specialized services

by strengthening national child protection systems to consider the needs of refugee and migrant populations, especially mechanisms for UASC. This response will include developing tools and guidance that reinforce those mechanisms. Areas of focus will be alternative care arrangements, legal support, regularization and access to asylum, the use of CVA to support families, and MHPSS. A priority for the Sub-sector is to ensure quality services that reflect the needs of vulnerable populations, in particular children and adolescents who are indigenous, homeless or at risk of eviction and/or in situations where their parents are involved in sex work and/or for cases in which children are victims of sexual abuse or exploitation, including forced prostitution.

3. Advocate and raise awareness of child protection risks

by conducting research and awareness-raising on issues of child protection, including on access to territory, regularization, alternative care arrangements, access to asylum and response to particularly vulnerable populations, family separation, prevention of violence and support to community-based mechanisms for the prevention of child protection risks. In addition, continuous advocacy will be pursued in forums such as the Quito Process that promote the protection of refugee and migrant children with a regional perspective, and thus have a more intentional impact by working together, for example, on family reunification processes as a concrete expression of child protection.

The Child Protection Sub-sector will develop the response through capacity-development, working with civil servants and child protection actors, and building a regional evidence base on child protection through regional studies, raising awareness, conducting campaigns and advocacy to highlight needs, risks, protection factors, roles and ways of working together to provide a comprehensive and integral response. The Sub-sector will continue fostering learning and sharing of best practices across its members, while continuing to build a vibrant online community with child protection resources in a dedicated internal virtual space. The Regional Sub-sector will support national Sub-sectors and their members in the development of child protection activities and strategies, including through technical support in the design and implementation of tools to monitor child protection trends and services.

The Child Protection Sub-sector will continue working with other Sectors, Sub-sectors and Working Groups for a complementary response, including the following:

- **Protection, GBV, Human Trafficking and Smuggling, and Support Spaces**, on centrality of protection considerations, work with child and adolescent GBV survivors, protection from sexual exploitation and abuse, response to double affectation (as vulnerable refugees and migrants, being subject to armed violence or conflict in a host country) and the MHPSS response.
- **Education**, to promote guidelines for referrals by schools to child protection services and case management processes.
- **Communication with Communities (CwC)**, to elaborate and disseminate information materials and feedback mechanisms, and promote the use of regional tools such as the R4V Service Mapping¹⁰¹ and *U-Report: Uniendo Voces* to engage children, adolescents and their families.

The Child Protection Sub-sector aims to integrate a child protection lens in other Sectors, to guarantee comprehensive protection and effectively achieve common goals. As an integral part of the Sub-sector's response, the gender, ethnic, age, and cultural approach will be taken.

The Child Protection Sub-sector will contribute to the Protection Sector's accountability processes and will promote the meaningful and effective engagement and participation of the population in need, especially children, to include their priorities and receive feedback. The Sub-sector will integrate PSEA commitments and work with the PSEA community of practice. Promoting the effective participation of children and adolescents throughout the programmatic cycle is one of the axes of the Sub-sector's support to National Platforms, so that their voices can be heard, and children can participate actively in processes.



GENDER-BASED VIOLENCE (GBV)



PEOPLE IN NEED

1.82 M



5.49%



63.1%



3.49%



27.9%



PEOPLE TARGETED

510 K



4.67%



64.7%



2.05%



28.6%



TOTAL REQUIREMENTS

44.1 M



RMRP PARTNERS

55

SECTOR LEADS
HIAS-SAVE THE CHILDREN-
UNFPA

PRIORITY NEEDS

The impact of the COVID-19 pandemic has exacerbated existing gender inequalities and increased rates of gender-based violence (GBV), particularly among refugee and migrant women and girls and LGBTQI+ populations from Venezuela.¹⁰²

1. Deteriorating socio-economic conditions coupled with challenging entry policies (including prolonged closure of borders) have forced refugees and migrants from Venezuela to increasingly use irregular border crossings. As a result, women, girls and LGBTQI+ individuals, especially those in-transit (including 'caminantes'), have become more vulnerable to GBV, including rape, survival sex, various forms of sexual exploitation and human trafficking.¹⁰³ Young men are also increasingly resorting to the exchange of sex as a coping mechanism along the transit routes.¹⁰⁴
2. Intimate partner and domestic violence are a continued concern,¹⁰⁵ as household tensions have increased due to food and financial insecurity as well as pandemic-related movement restrictions, which have trapped women and girls in their homes with their aggressors and reduced

access to external support. Adolescent girls are particularly vulnerable to various forms of GBV, including sexual violence perpetrated by intimate partners and family members, early and forced unions, as well as sexual exploitation¹⁰⁶ and human trafficking.

3. Increased risk and incidence of violence, unmet needs and xenophobia¹⁰⁷ have led to heightened stress and a deterioration in psychological well-being, particularly among people engaging in sex work/in situations of prostitution, transgender women and people living with HIV.¹⁰⁸
4. The economic disruption caused by the ongoing COVID-19 pandemic has led to loss of livelihoods and income and a resulting increase in homelessness due to evictions. Women are both disproportionately at risk of eviction and disproportionately affected by evictions, with more than 79 per cent of women surveyed reporting that they are at risk of eviction due to informal, insecure or absence of tenancy agreements, leading to homelessness and exposing them to increased risk of sexual assault.¹⁰⁹

[102] Caribe Afirmativos Publications, Sentir que se nos va la vida: Personas LGBTI refugiadas y migrantes de Venezuela en Chile, Colombia y Ecuador, and Desafiar la Incertidumbre: Fragmentos de Vida y Trayectorias de Personas Venezolanas LGBTI: <https://caribeafirmativo.lgbt/wp-content/uploads/2021/10/desafiar-incertidumbre.pdf>. For Brazil, see Humanitarian Practice Network: <https://odhpn.org/blog/out-of-the-shadows-the-precarious-lives-of-venezuelan-lgbtqi-asylum-seekers-in-brazil/>.

[103] ACAPS, Caminantes: Needs and Vulnerabilities of Venezuelan refugees and migrants travelling on foot, Jan 2021: <https://www.acaps.org/special-report/colombia-and-venezuela-needs-and-vulnerabilities-caminantes>

[104] 138 focus group discussion participants in 9 countries reported that young men aged 18-23 were increasingly resorting to the sale of sex as a coping mechanism. R4V Protection Sector, Diagnóstico de necesidades de protección e impactos de la COVID-19 para las personas refugiadas y migrantes de Venezuela, page 50, 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[105] GIFMM Colombia, JNA 2021: <https://www.r4v.info/es/document/gifmm-colombia-resumen-evaluacion-conjunta-de-necesidades-ronda-1-2021>. See also UNHCR, Voices of Refugees in Brazil: <https://www.r4v.info/es/document/voces-de-las-personas-refugiadas-en-brasil-176> per cent of indigenous persons surveyed knew of an incident of violence in their families, and gender-based violence is a common occurrence, aggravated by alcohol and unemployment (page 16).

[106] Girls under 14 are the population more frequently targeted for sexual exploitation. See Save the Children, Girls on the Move, 2020: https://resourcecentre.savethechildren.net/pdf/girls_on_the_move_venezuela_and_colombia.pdf/

[107] Mougnot, B., Amaya, E., Mezones-Holguin, E. et al. Immigration, perceived discrimination and mental health: Evidence from Venezuelan population living in Peru. Global Health 17, 8, 2021: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00655-3>.

[108] R4V GBV Sub-sector, Diagnóstico de necesidades de protección e impactos de la COVID-19 para las personas refugiadas y migrantes de Venezuela, 2021: <https://www.r4v.info/sites/default/files/2021-09/VBG%20ENG.pdf>. See also focus group discussion findings: <https://www.r4v.info/proteccion>

[109] R4V Regional Protection Sector, Regional Survey on Eviction of refugees and migrants from Venezuela, February 2021: <https://www.r4v.info/es/desalojo>. See also Care, Rapid Gender Analysis: <https://www.r4v.info/es/documents/details/77719>

[101] R4V Service Mapping. See: <https://espacios.r4v.info/es/map>

Political and economic constraints in host countries have limited the availability of government-led specialized GBV response services for survivors, such as clinical care, safe shelters and focused Mental Health and Psychosocial Support (MHPSS) services, especially in rural and remote areas. Further, barriers to survivors accessing available services include insufficient or unaffordable public transport and low levels of familiarity with technology. These constraints disproportionately affect marginalized women, such as transgender women and persons engaged in sex work/in situations of prostitution, who also experience discrimination from law enforcement actors.¹¹⁰

RESPONSE STRATEGY

Support and strengthen lifesaving GBV response services including health, sexual and reproductive health (SRH), livelihoods, legal and regularization support, safety, MHPSS, case management and cash and voucher assistance (CVA) as part of comprehensive GBV interventions¹¹¹. Priorities include improving regional Sub-sector support to national and sub-regional partners to fulfill core functions and deliverables;¹¹² increasing accessibility to clinical management of rape and other response services for marginalized sexual violence survivors (e.g. transgender women, people engaging in sex work/in situations of prostitution, male survivors, indigenous survivors); and strengthening capacity in case management, safe referrals and remote and in-person focused psychosocial support for child, adolescent and adult GBV survivors.

Support GBV risk mitigation through self-reliance and empowerment: The regional strategy will include working with other Sectors to design tailored economic empowerment initiatives, including the promotion of multi-purpose cash (MPC) programming with linkages to longer-term income-generation activities, and for rental support (eviction risk mitigation), to access training and multisectoral services.¹¹³ Regional actors will also roll out empowerment and psychosocial curricula for populations-at-risk, and guidance to operate safe spaces as entry points for GBV and psychosocial programming.

Promote and support community-based mechanisms for GBV prevention that promote peer networks, providing spaces of emotional support and learning about sexual and reproductive rights, bodily autonomy and available GBV services. Regional actors will continue implementing campaigns that challenge the harmful gender norms that underpin GBV as well as activities to promote behavior change among men and boys and positive masculinities.

Continue strengthening the capacity of front-line responders, including government, civil society and NGOs, to provide timely care to survivors. The regional Sub-sector will develop training packages and deliver trainings on the Inter-agency Minimum Standards for GBV Programming in Emergencies, GBV Case

Management, Psychosocial Support service provision, Clinical Management of Rape and the Guide to Supporting Survivors for non-GBV Specialists.¹¹⁴

Advocacy before governments: The regional Sub-sector will spearhead advocacy initiatives and information campaigns (e.g. fact sheets, panel co-facilitation) on GBV risks, needs, barriers faced by disproportionately affected yet less 'visible' groups, and respective recommendations for humanitarian actors, donors and governments.

Assessments: The regional Sub-sector will equip national Sub-sectors and regional partners with tools to monitor GBV trends. Regional partners will conduct multi-country assessments using innovative methodologies to gather real-time information about GBV risks. The findings of these assessments will enable GBV responders to design appropriate, evidence-based and effective multi-sectoral interventions to prevent, mitigate and respond to GBV.

Integrated response approaches will include work with:

- a. The Cash Working Group on cash programming for GBV risk mitigation (e.g. sexual exploitation) and response;
- b. The Integration Sector to create joint guidance on the incorporation of MHPSS and messaging on equitable gender relations in livelihoods curricula and income-generation initiatives for GBV survivors;
- c. The Protection Sector on measures for survivors' access to national protection mechanisms and differentiated responses for GBV survivors who are indigenous or in contexts of armed conflict and organized crime;
- d. The Child Protection and Human Trafficking and Smuggling Sub-sectors to address the needs of adolescent survivors and victims of trafficking for sexual exploitation purposes;
- e. The Shelter and Humanitarian Transportation and Protection Sectors to produce guidance for safe access to humanitarian transportation and GBV risk mitigation in temporary shelter facilities;
- f. The WASH Sector on mitigating GBV risks in the design and location of sanitation in collective shelter facilities;
- g. The Health Sector on clinical management of rape services and strengthening the referral system between GBV responders and mental health actors; and
- h. the Protection Sector and technical focal points on

Protection from Sexual Exploitation and Abuse (PSEA) and CoP to develop guidance that informs SEA survivors on access to GBV referral mechanisms and specialized services.

All activities will be guided by the survivor-centered approach, international best practices and GBV minimum standards and will be inclusive of marginalized populations including LGBTQI+, indigenous peoples and refugees and migrants with disabilities. The regional Sub-sector will promote sustainable partnerships with women-led and women's rights organizations and their inclusion in R4V coordination mechanisms in order

to enhance meaningful participation and representation of the affected population. To ensure accountability, the Sub-sector will promote two-way communication channels that allow refugees and migrants from Venezuela who receive support to influence programming, and will work with AAP/PSEA to provide toolkits that enable them to lodge complaints, evaluate satisfaction with the services delivered and report misconduct.



[110] R4V Regional Protection Sector and OAS, Diagnóstico de necesidades de protección e impactos de la COVID-19 para las personas refugiadas y migrantes de Venezuela, page 36, 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[111] Cash will continue to be a programmatic tool to prevent to GBV risks and to respond to the needs of GBV survivors such as transportation, access to health, education, relocation, and allow them to recover and advance towards self-sufficiency through education, vocational training and entrepreneurship.

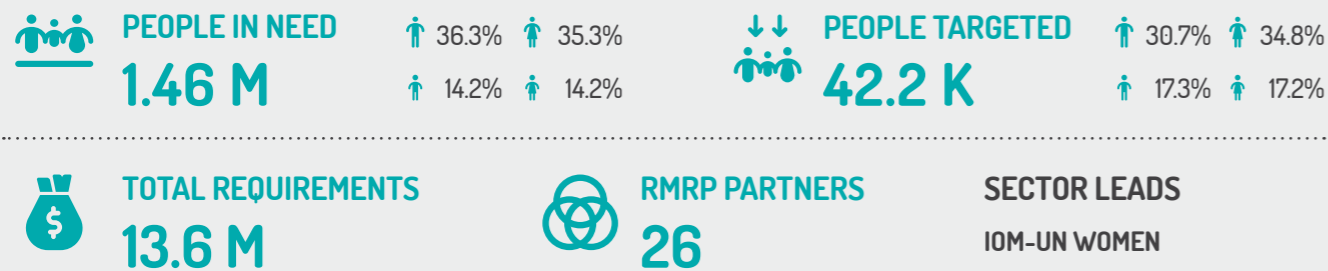
[112] The Regional GBV Sub-sector will support nascent national GBV coordination fora in the Caribbean and Southern Cone to fulfil core functions and produce deliverables, and will support established national GBV Sub-sectors to pilot context-specific tool kits, update national and cross-border referral systems, and roll-out regional training packages on GBV response.

[113] These initiatives shall guarantee decent work, promotion of safe conditions, prevention of harassment, and access to care services.

[114] Training packages forthcoming on www.r4v.info



HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

Human trafficking and smuggling¹¹⁵ are complex, transnational crimes¹¹⁶ with serious human rights implications disproportionately affecting women – especially transgender women and those in situations of sexual exploitation,¹¹⁷ girls, and adolescents. According to R4V partners' studies, the majority of identified victims of trafficking (VOTs) in the region are female: 69 per cent in South America, and 79 percent in Central America and the Caribbean. However, there is also an increase in men identified as victims. Sexual exploitation is the primary form of trafficking detected in the region, and the region has among the highest rates of sexual exploitation recorded globally.¹¹⁸

The prolonged impact of the COVID-19 pandemic has exacerbated the vulnerable situation of refugees and migrants from Venezuela. Border closures and travel restrictions adopted to mitigate the spread of the virus have caused refugees and migrants from Venezuela to increasingly use dangerous routes to avoid border controls, including through irregular crossings across closed borders, and the use of insecure means of transportation. For example, 55 per cent of Venezuelan households interviewed in Colombia entered the country through unofficial crossings, and that percent increased to 72 percent in 2020 and 94 in 2021.¹¹⁹ Overall, this has led to greater dependence on transnationally operating criminal networks,

including smugglers facilitating illegal entry across borders, as well as higher risks of exploitation at the hands of traffickers taking advantage of refugees' and migrants' vulnerabilities.

Two main obstacles increase the vulnerability of refugees and migrants from Venezuela to trafficking, exploitation, abuse and violence, including various dimensions of the double impact of illegal armed actors or organized crime,¹²⁰ especially in countries such as Colombia, Brazil and Bolivia. Firstly, the worsening economic and social crises across the region have left refugees and migrants from Venezuela with less access to decent work and in increasingly vulnerable situations. Secondly, movements have been restricted, limiting access to services as well as to regularization pathways, asylum processes, humanitarian visas and specialized protection.

The Sub-sector, in coordination with the Regional Protection Sector, held a series of consultations in 2021 with R4V partners working on protection and addressing human trafficking and smuggling as well as with members of Venezuelan-led civil society organizations.^{121,122} The consultations reflected the need to channel intervention strategies towards the provision of holistic responses, focusing on economic autonomy and integration; improved case management; the elaboration of diagnoses, policies and procedures; the promotion of good practices and institutional capacities; and access to specialized services with a gender perspective.

[115] Although the term smuggling of migrants is generally used, consistent with the United Nations Convention against Transnational Organized Crime (UNTOC), the Sub-sector recognizes that refugees are also affected.

[116] Smuggling is always transnational, while trafficking may or may not involve movement between countries.

[117] R4V Regional Protection Sector and OAS, Impacts of COVID-19 on Refugees and Migrants from Venezuela, 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[118] Please see: https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTiP_2020_15jan_web.pdf

[119] See GIFMM Colombia, Joint Needs Assessment (JNA) for population in destination, Round 5, June 2021, full report at: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[120] "Double impact" refers to situations where the impact on a person and/or a community of violence by illegal armed groups and/or organized crime converges with the risks, threats and vulnerabilities that refugees and migrants generally face in the broader mobility context.

[121] Consultations held between July and August 2021 with the participation of 56 organizations from the Coalition for Venezuela and 188 members of R4V's regional Protection Sector and regional organizations: <https://www.r4v.info/es/proteccion>

[122] <https://www.r4v.info/es/trataytraficodepersonas>

RESPONSE STRATEGY

The Human Trafficking and Smuggling Sub-sector's work plan for 2022 seeks to promote holistic responses to human trafficking and smuggling with diverse actors, including women, girls, boys, adolescents and LGBTQI+ persons.

The strategy for counter-trafficking and smuggling will focus on the "4Ps" of prevention, protection, prosecution and partnership, adding on the experience and mandates of the Sub-sector's partners in areas related to investigation, and cross-border judicial cooperation.

Prevention. A regional study will be conducted on women and girls who are smuggled, to highlight vulnerabilities they face and identify risk factors for exploitation, abuse and violence. The design of strategies for risk mitigation, action plans to improve risk prevention, and the support for monitoring tools for protection and prevention will be prioritized and implemented at national levels. Activities will be implemented in coordination with the Protection, Humanitarian Transportation and Shelter Sectors that have the capacities to work in mitigation strategies. The gender perspective will be strengthened in a regional virtual workshop on trafficking and smuggling for Sub-sector members.

Protection. The Sub-sector will continue developing tools and technical actions¹²³ to ensure access to assistance and comprehensive protection services for refugees and migrants from Venezuela who are victims of trafficking and/or subjected to abuse, extortion or violence at the hands of smugglers, addressing the dimensions of gender, age, ethnicity and diversity. Through its national partners, the Sub-sector will provide urgent and immediate assistance to refugees and migrants from Venezuela who have experienced or are at risk of violence, abuse and/or exploitation for special protection and direct assistance needs.¹²⁴ In 2022, this assistance mechanism will include a pilot project to support victims of trafficking and people at risk of trafficking in the process of economic and social integration, in coordination with the Integration Sector. The protection axis also seeks to collect information to enable prevention measures, comprehensive assistance and comprehensive protection of victims, particularly those in vulnerable situations or victims of related crimes, and ensure solutions.¹²⁵

[123] Including the establishment of partnerships with key government entities and other relevant stakeholders (across all Subsectors).

[124] In complementarity with other national, regional and global mechanisms and funds.

[125] This includes actions such as diagnosis/study/report to define the processes of identification of smuggled persons and victims of related crimes, mapping at institutional, national, binational, and regional levels on standards, tools, and strategic and operational instruments for the protection and assistance of smuggled refugees and migrants who have been victims of related crimes.

[126] The Sub-sector will focus on groups with disproportionate impacts, according to the consultations carried out in 2021. R4V Regional Human Trafficking and Smuggling Sub-sector, Necesidades y Propuestas para el 2022: Víctimas de trata y tráfico: <https://www.r4v.info/es/document/necesidades-y-propuestas-para-el-2022-victimas-de-trata-y-trafico-subsector-de-trata-y>

[127] The Sub-sector will follow up on the findings indicated in the study: R4V Regional Protection Sector and the Organization of American States (OAS), Impacts of COVID-19 on Refugees and Migrants from Venezuela, October 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[128] Exchange of information, experiences, technical issues. This includes designing communication protocols and inter-institutional coordination at the domestic and regional level, according to each country's capacities and applicable legislation, and training officials responsible for the prosecution and punishment of migrant smuggling to raise awareness.

[129] In accordance with the provisions of the Protocol against the Smuggling of Migrants by Land, Sea and Air, which complements the United Nations Convention against Transnational Organized Crime (UNTOC).

Prosecution. The 2022 Workplan seeks to develop tools and actions that enable access to justice for victims of trafficking and/or subjected to abuse, extortion or violence by smugglers in the region, complementing and supporting national justice systems and incorporating a gender, ethnic, age and diversity-sensitive approach.¹²⁶ Two key strategic actions will be implemented: the development of a regional action guide to facilitate the design and operation of joint investigation teams at national level, and a coordination mechanism between regional networks of public ministries and ombudsmen for investigation and international legal cooperation in cases of human trafficking and smuggling in R4V countries.¹²⁷

Partnership. The Sub-sector will support the establishment of a mechanism for intra-regional coordination among national anti-trafficking roundtables/mechanisms of R4V countries, that promote the exchange of good practices, tools and information, the creation and/or strengthening of working groups, coalitions, and/or key regional advocacy actions on human trafficking and smuggling (Quito Process, Mercosur and the Caribbean Migration Consultations).

With regards to smuggling of refugees and migrants specifically, in addition to the above, the Sub-sector will focus on **intelligence and investigation** to promote exchange mechanisms¹²⁸ among the region's countries, respecting and guaranteeing government ownership for the prevention and effective prosecution of smuggling.¹²⁹

In line with R4V accountability commitments, the Sub-sector will promote two-way communication channels for the affected population to influence programming. The Sub-sector will work with regional AAP and PSEA COP to design and roll-out toolkits that promote feedback and complaint mechanisms – including for misconduct, evaluation of satisfaction with the services delivered, and to strengthen SEA victim assistance through protection interventions. In addition, trainings will be carried out jointly with AAP and PSEA on these issues to further strengthen regional and national Sub-sector partners' capacities.



SHELTER



PEOPLE IN NEED

5.47M



32.1%



33.7%



17.1%



17.1%



PEOPLE TARGETED

580K



29.4%



33.6%



18.4%



18.6%



TOTAL REQUIREMENTS

112M



RMRP PARTNERS

52

SECTOR LEADS

IOM-NRC-UNHCR

PRIORITY NEEDS

According to various R4V assessments conducted across the region, access to shelter continues to be one of the top three priority needs among refugees and migrants from Venezuela.¹³⁰

The economic crisis resulting from the COVID-19 pandemic has had a direct impact on the income of refugees and migrants from Venezuela and their ability to afford safe and dignified shelter. Of those surveyed at-risk of eviction in seven countries between October and November 2020, 94 per cent stated that the main cause for their eviction risk was the inability to pay rents.¹³¹ Of these, 76 per cent stated that the consequence of evictions would be homelessness.¹³² Amongst the main barriers for formalizing rental agreements, is that many refugees and migrants from Venezuela do not have access to information about tenants' rights and/or lack documentation for such agreements. For people at risk of eviction, there is a direct relationship between the lack of security of tenure and the type of agreement they have with a landlord, with 74 per cent of agreements estimated being verbal.¹³³ Not having

a home exposes individuals and families to greater risks of COVID-19 infection, violence, GBV, exploitation and abuse, and school dropout, especially for women and girls.¹³⁴

Refugees and migrants from Venezuela in-transit, as well as those who have recently arrived in-destination are mainly housed in temporary collective shelters, to avoid sleeping on the streets. In countries such as Argentina, Brazil, Chile and Uruguay, they must comply with COVID-19 quarantine measures in hotels or other suitable spaces. Border closures and quarantines have led to a significant increase in irregular entries through alternative routes, where there is no consolidated network of adequate accommodation spaces, resulting in people gathering in public spaces, staying on the streets or informal settlements.¹³⁵ Gradually, temporary collective shelters have reopened, although they continue to be affected by reduced capacities due to COVID-19 infection prevention measures.¹³⁶

Access to adequate housing, services, and infrastructure in settlements remains a priority.¹³⁷ Refugees and migrants from

Venezuela increasingly reside in high-density settlements, with informal or spontaneous characteristics, and in overcrowded conditions, without access to basic services and infrastructure.¹³⁸ These high-density settlements have generated increased xenophobia from host communities.¹³⁹ People living in these settlements are even more exposed to protection and health risks associated with COVID-19, as well as to a deterioration of the relationship with host communities.

RESPONSE STRATEGY

In 2022, Shelter Sector partners will focus on three priorities:

- Providing **temporary collective shelter** through infrastructure improvements and equipment provision, as well as the expansion and opening of new structures. The mechanisms for monitoring and evaluating shelter services and their quality will be strengthened and expanded.¹⁴⁰ Capacity-development will be scaled-up for shelter management and coordination, emphasizing peaceful coexistence and linkages to sustainable longer-term shelter solutions.¹⁴¹
- Supporting **individual shelter solutions** for refugees and migrants in-destination to achieve durable solutions. Support will continue to be provided in the form of scaled-up rental assistance programming and adequate housing awareness programmes (on shelter improvements for habitability); rental market-based approaches, including CVA; support with housing, land, and property (HLP) issues to ensure due diligence procedures when renting or buying a property; and raising awareness on tenants' rights to prevent abuse, such as forced evictions, and conflict resolution between tenants and landlords. The Sector will also promote access to individual shelter by supporting affected host communities to adapt available housing to make more accommodation available to refugees and migrants and reduce overcrowding,¹⁴² and supporting authorities in establishing housing action plans for refugees and migrants from Venezuela. In addition, the Sector will continue providing support for HLP matters, self-

construction, and provision of construction materials and tools for those with substandard housing.¹⁴³

- Reinforcing contextualized **Area-Based Approaches**¹⁴⁴ to promote social cohesion between host communities, refugees and migrants from Venezuela, and public institutions, collectively undertaking the planning of settlements and community infrastructure to facilitate access to services, integration, and socio-economic reactivation while promoting security in marginalized neighborhoods.¹⁴⁵

The response will include the distribution of essential household items¹⁴⁶ and transit safety kits,¹⁴⁷ the latter predominantly for those in-transit. Priority will be given to people with specific needs such as women, children, LGBTQI+ persons, UASC, people with disabilities, elderly people, survivors of GBV, and victims of trafficking, exploitation, and/or abuse. A comprehensive response that complies with Infection Prevention and Control (IPC) measures for COVID-19 and other minimum standards will be promoted.

The Shelter Sector will prioritize CVA as a modality for rental support, procurement of construction materials and tools, and essential household items. Programmes will be designed following market-based approaches, particularly for housing market analysis. In-kind assistance will include access to temporary collective shelters, as well as the development of basic community infrastructure and facilities. The Sector will carry out capacity-building and community engagement activities, and develop technical guidelines and advocacy strategies, including information and awareness campaigns.

[130] In Colombia the second most prioritized need is shelter support (64 per cent; with 46 per cent preferring that the support modality be via CVA). See GIFMM Colombia, Joint Needs Assessment, Round 1, 2021: <https://www.r4v.info/es/document/gifmm-colombia-resumen-evaluacion-conjunta-de-necesidades-onda-1-2021>. In Ecuador the third most prioritized need is accommodation/shelter (53 per cent), but this need reaches second place for people who have been in Ecuador for up to 6 months. See GTRM Ecuador, Joint Needs Assessment, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>. Shelter is the third need for those in-transit leaving from Venezuela, according to Mazuera-Arias, R., Albornoz-Arias, N., Freitez, A., Calderón O., Informe de movilidad humana venezolana IV. Caminantes y retornados: ilusión y decepción (1° de julio al 30 de septiembre 2021). San Cristóbal, Venezuela: Observatorio de Investigaciones Sociales en Frontera (ODISEF): <https://odisef.org/wp-content/uploads/2021/10/Informe-de-Movilidad-Humana-IV.pdf>

[131] R4V Protection Sector with the support of the IACHR, Regional Survey of Evictions of Refugees and Migrants from Venezuela, June 2021: <https://www.r4v.info/es/desalojo>

[132] Ibid.

[133] Ibid.

[134] Ibid.

[135] Colombia: Noor Mahtani, Children trapped on the border of Colombia and Venezuela, EL PAIS, 10 September 2021: <https://elpais.com/planeta-futuro/2021-09-10/la-ninez-atrapada-en-la-frontera-de-colombia-y-venezuela.html>. Brazil: CRONICA VIDA, The double banishment of Venezuelan indigenous people in Brazil, 12 October 2021: <https://www.cronicaviva.com.pe/columna/el-doble-destierro-de-los-indigenas-venezolanos-en-brasil/>. Chile: Anti-immigrants burn Venezuelan camps in Chile, EL TIEMPO, 26 September 2021: <https://www.eltiempo.com/mundo/latinoamerica/chile-queman-carpas-de-migrantes-venezolanos-y-colombianos-620976>. Important note: "Camps" in this context refers to informal settlements. Chile: UNHCR, Homeless Venezuelans facing harsh winter, 11 June 2021: <https://eacnur.org/es/actualidad/videos/venezolanos-sin-techo-ante-el-duro-invierno>.

[136] CARE Ecuador, The current state of the situation of migrants and refugees in temporary accommodation and shelters in Ecuador, April 2021. Table 3. Installed capacity of accommodation: [https:// bit.ly/3og1yIF](https://bit.ly/3og1yIF) GTRM Peru, Joint Needs Analysis, 2021: <https://bit.ly/2ZL12eD>

[137] In Colombia, 12 per cent of refugees and migrants from Venezuela live in informal settlements on private lands or for public use, their situation being more precarious. GIFMM Colombia: Joint Needs Assessment, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[138] "More than 62 per cent of the settlements in Norte de Santander, have a formation time between 3 and 5 years, which coincides with the length of the Venezuelan migration crisis." IMMAP Detection and Profiling of New Settlements Through Satellite Imagery and Mobile Apps, August 2020: <https://immap.org/news/detection-and-profiling-of-new-settlements-through-satellite-imagery/>.

[139] OAS and R4V Protection Sector, Impact of COVID-19 on refugees and migrants from Venezuela: Evicted People, Sex Workers and Indigenous Peoples, September 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>. Colombia: Andres Rosales, Xenophobia, the other infection, MIGRAVENEZUELA: <https://migravenezuela.com/web/articulo/xenofobia-el-otro-contagio/1842>. Chile: IACHR condemns violent and xenophobic acts against Venezuelan migrants in Iquique, Chile, October 2021: <https://www.oas.org/es/CIDH/jsForm/?File=/es/cidh/prensa/comunicados/2021/263.asp>. Anti-immigrants burn Venezuelan camps in Chile, EL TIEMPO, 26 September 2021: <https://www.eltiempo.com/mundo/latinoamerica/chile-queman-carpas-de-migrantes-venezolanos-y-colombianos-620976>. Important note: "Camps" in this context refers to informal settlements.

[140] IOM, DTM Ecuador, June 2021, forthcoming. Also see GIFMM Colombia, Characterization of Temporary Collective Shelters, forthcoming; and Support Spaces service mapping: <https://espacios.r4v.info/es/map>

[141] "An increase in the return of the Venezuelan refugee and migrant population to collective temporary accommodation is identified in Peru due to the impact of the pandemic on access to livelihoods, making it impossible to pay rents." GTRM Peru, Joint Needs Analysis, 2021: <https://www.r4v.info/es/document/analisis-conjunto-de-necesidades-rmrp-2021>

[142] In Colombia, 36 per cent of the refugee and migrant population live in overcrowded conditions. GIFMM Colombia, Joint Needs Assessment, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>. In Ecuador, of the 33 per cent who report living in unsuitable housing, 46 per cent link it to overcrowding. GTRM Ecuador, Joint Needs Assessment, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>

[143] 0.2 per cent of Venezuelans have their own house or land in Ecuador (see GTRM Ecuador, Joint Needs Assessment, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>) and 1 per cent in Colombia (see GIFMM Colombia, Joint Needs Assessment, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>).

[144] See the definition and global strategy: <https://www.impact-initiatives.org/what-we-do/news/the-settlements-approach-where-boundaries-and-action-merge/> and <https://ccccluster.org/global/Area-based-Approach-Working-Group>

[145] "80 percent of refugees and migrants from Venezuela in Peru reside in Lima, in the most vulnerable districts where infrastructure conditions, particularly housing, are precarious." GTRM Peru, Joint Needs Analysis, 2021: <https://www.r4v.info/es/document/analisis-conjunto-de-necesidades-rmrp-2021>

[146] Essential Household Items include, among others: kitchen sets, bedding, and clothing.

[147] Transit Safety kits include, among other items: whistles, flashlights, reflective vests, document holders and warm clothing.



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The Sector will collaborate with the Regional **Cash Working Group**, given its focus on sectoral cash interventions for individual shelter solutions, and with the **Support Spaces Working Group**, to map services provided through temporary collective shelters and other infrastructure.¹⁴⁸ Collaboration with other Sectors will include joint initiatives with the **Protection Sector and its three Sub-sectors**, to respond to HLP matters (including risks from evictions), address protection risks, GBV, child protection risks and sexual exploitation and abuse; the **Health and WASH Sectors**, to ensure safe shelters with adequate access to water and sanitation and implementation of COVID-19 mitigation protocols; and the **Integration Sector**, to promote sustainable shelter solutions in the longer-term, with the inclusion of refugees and migrants from Venezuela in livelihood and social integration programmes.

The Sector will collaborate with **AAP and PSEA focal points** for joint needs assessments, risk assessments and capacity-building, based on the "do no harm" principle, as well as the implementation of complaint and feedback mechanisms. The

[148] See: <https://espacios.r4v.info/es/map>

[149] See hereto the sector-specific guidance on integrating environmental considerations in Shelter interventions: <https://www.r4v.info/en/keyresources>

Sector will promote the participation of refugees and migrants from Venezuela, host communities, civil society organizations and institutions throughout the programme cycle, including monitoring and evaluation of sector interventions. Co-creation of common messaging with refugees and migrants from Venezuela and two-way communication channels will be implemented to deliver a quality response and guarantee dignified assistance. Finally, the Sector will mainstream **environmental** considerations¹⁴⁹ to mitigate negative environmental impacts as well as disaster risk reduction and climate change adaptation measures, in order to protect the living conditions and guarantee sustainability of the Shelter response.



WASH



PEOPLE IN NEED

4.87M



31.6%



33.6%



17.3%



17.5%



PEOPLE TARGETED

1.09M



29.8%



33.3%



18.4%



18.5%



TOTAL REQUIREMENTS

65.3M



RMRP PARTNERS

55

SECTOR LEADS

IFRC-UNICEF

PRIORITY NEEDS

In 2022, the need for adequate water, sanitation and hygiene (WASH) services and products, as well as infection prevention and control (IPC) for refugees and migrants from Venezuela and host communities, will remain a priority.¹⁵⁰ Refugees and migrants from Venezuela increasingly reside in high-density informal or spontaneous settlements, in overcrowded conditions which threaten their health and well-being due to the absence of or limited access to basic infrastructures, services and products.¹⁵¹ Growing WASH needs are also related to the socio-economic impacts of the COVID-19 pandemic,¹⁵² resulting in an increase of 700,000 people in need (PiN) for the Sector, from 4.1 million in 2021 to 4.8 million in 2022.¹⁵³

Similar needs in terms of access to WASH services are encountered by the population in-transit,¹⁵⁴ either at border points (reception centres, Support Spaces and shelters) or along their route to their destinations. Local authorities and partners have difficulties providing and maintaining services at these points. This situation has been exacerbated by the

increase in irregular crossings due to border closures in various countries due to the COVID-19 pandemic or national migration management strategies, complicating the identification of refugees and migrants from Venezuela in-need for provision of corresponding services.

Inadequate WASH facilities and products make refugees and migrants from Venezuela and host communities, especially vulnerable groups within this population (indigenous groups,¹⁵⁵ women, children, people living with disabilities, the elderly) more prone to faeco-oral diseases (like diarrhoea and dysenteries, hepatitis A and E); water-washed diseases (due to poor hygiene linked to lack of adequate water, such as skin infections and conjunctivitis); and also water-related insect-vector diseases (such as Dengue, Zika and Chikungunya).¹⁵⁶ Overcrowding and reduced access to WASH services, products and information exposes them even further to possible COVID-19 transmission in contexts where health systems are already overstretched. The lack of WASH services and products not only threatens the health of refugees and migrants but also of host communities, undermining their dignity and security. This is particularly

[150] According to the JNA, in Colombia 25 per cent of households report poor water quality, with the most significant gaps in La Guajira and Magdalena departments, and sanitation services are not private, safe, or dignified. GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>. The JNA in Ecuador found that 13 per cent of those surveyed reported having suffered a cut or interruption of the drinking water service due to non-payment. GTRM Joint Needs Assessment, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>. The JNA in Peru found that a total of 25 per cent of the population did not have access to a sewage system and 7 per cent did not have access to any type of excreta disposal service. GTRM Basic Needs Sub-Working Group (2021), Análisis situacional sobre necesidades de Agua, Saneamiento e Higiene de refugiados y migrantes de Venezuela y comunidad de acogida asentados en Lima y Callao, forthcoming. GTRM Peru Joint Needs Assessment, August 2021, forthcoming.

[151] See GIFMM Joint Needs Assessment for the population in destination, Fifth round, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>; GTRM Peru Joint Needs Analysis for the RMRP, December 2020: <https://www.r4v.info/es/document/analisis-conjunta-de-necesidades-rmrp-2021> and GTRM Ecuador Joint Needs Analysis, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>

[152] Organization of American States (OAS) and R4V Regional Protection Sector, Impacts of COVID-19 on Refugees and Migrants from Venezuela, October 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[153] RMRP 2021: <https://www.r4v.info/en/document/rmrp-2021> for refugees and migrants from Venezuela. Regional Refugee and Migrant Response Plan, January – December 2021.

[154] According to the JNAs of Ecuador, Colombia and Peru, the WASH services of the migrant reception centres are insufficient, with the official shelters for migrants in the same situation. In unofficial temporary settlements, WASH services are very limited or non-existent. In addition, response activities at unofficial crossings are not possible due to the lack of information and the security concerns at these points.

[155] In Colombia as in Guyana, much of the terrain does not have public services or drinking water. In the case of Guyana and other border communities, these are located in areas far from urban centres, which makes them feel safe from acts of violence and from contagion by COVID-19 but distances them from health services, education and income sources.

[156] R4V, Guidance Note - Environment and Health for RMRP 2022: <https://www.r4v.info/node/88174>



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concerning in the case of women and girls, for whom a lack of access to adequate WASH facilities is also linked to GBV risks.¹⁵⁷ Xenophobia has also been exacerbated in relation to high-density settlements, making the management of public and community services like WASH more difficult.

RESPONSE STRATEGY

The Sector will prioritize the following activities:

- **Providing at least basic water and sanitation and IPC services and products** to refugees and migrants from Venezuela and affected host communities. These services and products will align with national and international standards, be culturally and environmentally appropriate, climate resilient, inclusive of persons with disabilities, and adapted to gender and age needs in order to prevent WASH-related diseases and reduce COVID-19 transmission. The inclusion of communities in all phases of WASH activities will be critical to respond to peoples' needs and ability to pay for services as well as to be engaged and protect related infrastructure in order to foster sustainability of services.
- **Engaging with communities and increasing participation to improve knowledge** around hygiene practices, environmental hygiene/cleaning (including solid waste management) and water-saving in constrained environments for long-term behaviour change, while also increasing access to hygiene products and services.
- **Strengthening WASH governance** of responsible host country authorities in all aspects (coordination mechanisms, strategies, budgets, monitoring, capacity-building) through a quadruple nexus approach (humanitarian, development, environment and peace) and at all administrative levels, to embed the needs of refugees and migrants from Venezuela in national and local policies, plans, budgets, and monitoring systems. To achieve this, sectoral coordination needs to be inclusive of all stakeholders of the WASH Sector (including private and academic actors as well as affected populations) and inclusive of other Sectors (e.g. Health and Education) with both a development and emergency outlook.

The most vulnerable groups and those with specific needs, including indigenous groups, women, children, LGBTIQ+ persons, people with disabilities, the elderly, GBV survivors and victims of trafficking, exploitation and/or abuse, will be prioritized for WASH interventions.

The response modalities will vary depending on the country and context, and will include:

- Provision of water, sanitation and hygiene services and infrastructure, including by strengthening local and national WASH authorities and WASH service providers, providing, when necessary, hardware and software capacities to ensure the efficiency and sustainability of WASH services.
- Distribution of hygiene items to refugees and migrants from Venezuela and affected host communities, either in-kind or through direct cash transfers and/or voucher assistance (CVA), as well as market-based approaches to strengthen

supply chains for the availability of quality and affordable products and services.

- Advocacy with host governments to ensure that the fundamental rights of refugees and migrants from Venezuela, specifically in relation to WASH, are adequately considered in policies, plans and budgets.

Formal and informal settlements, temporary collective shelters, individual shelters, transit and reception centres, schools, health care facilities, and other public spaces will benefit from these improved WASH services.

The Sector will coordinate with the Health Sector to strengthen the delivery of basic and safely managed and sustained WASH in health care facilities, on IPC activities, and on health and hygiene awareness campaigns. Coordination with the Education Sector and host country authorities will be essential to disseminate hygiene education materials to students, and on plans for the safe return to school in the COVID-19 context, requiring adequate WASH facilities and supplies in schools, for which collaboration with the private sector is also needed to ensure a sustainable supply chain. Coordination with the Shelter Sector will ensure minimum WASH standards are reached and maintained in shelters, and to provide joint WASH service evaluations and training for collective shelter managers. Sector partners will work with the the Protection Sector and gender focal points to ensure that the design and location of WASH facilities “do no harm,” mitigate the risks of GBV and sexual exploitation and abuse (SEA), respond to the needs of women, girls and the most vulnerable, and ensure that these services are gender and age sensitive and safely accessible for affected populations. The Sector will coordinate with the Humanitarian Transportation Sector for IPC activities in the humanitarian transportation response. Finally, the CwC/C4D Working Group will be engaged on information products on health and hygiene practices, and the Cash Working Group on available items and services.

The WASH Sector will include refugees and migrants from Venezuela in decision-making processes throughout the programme cycle (needs assessments, infrastructure design and location, user satisfaction indicators in monitoring and evaluation systems, as well as implementation). AAP and PSEA trainings will be delivered to WASH actors, including authorities and service providers, and a unique hotline will be designated for feedback and complaints by users of WASH facilities. Risk-informed programming approaches will be used with local actors and users (refugees, migrants and host communities) to understand the risks (including climate change and environmental degradation) in order to integrate them in the design and implementation of WASH infrastructures and services, allowing for more resilient and sustained service delivery, and reducing CO2 emissions in operations.



BRAZIL

[157] Sommer M., Ferron S., Cavill S., House S. Violence, Gender and WASH: Spurring action on a complex, under-documented and sensitive topic. Environment and Urbanization. 2015;27(1):105-116. <https://genderandenvironment.org/violence-gender-and-wash-spurring-action-on-a-complex-under-documented-and-sensitive-topic/>



BRAZIL

AT A GLANCE



POPULATION PROJECTION

336 K

PEOPLE IN NEED

312 K

PEOPLE TARGETED

129 K

VENEZUELAN IN DESTINATION

336 K

285 K

119 K

HOST COMMUNITY

-

26.6 K

10.2 K

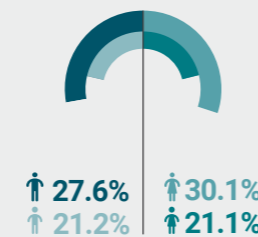
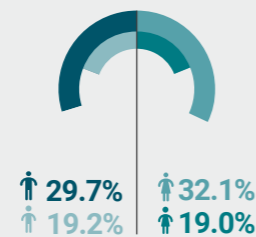
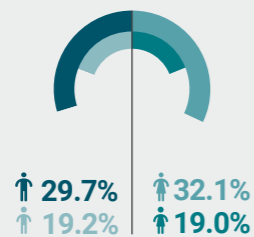
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GENDER DISAGGREGATION

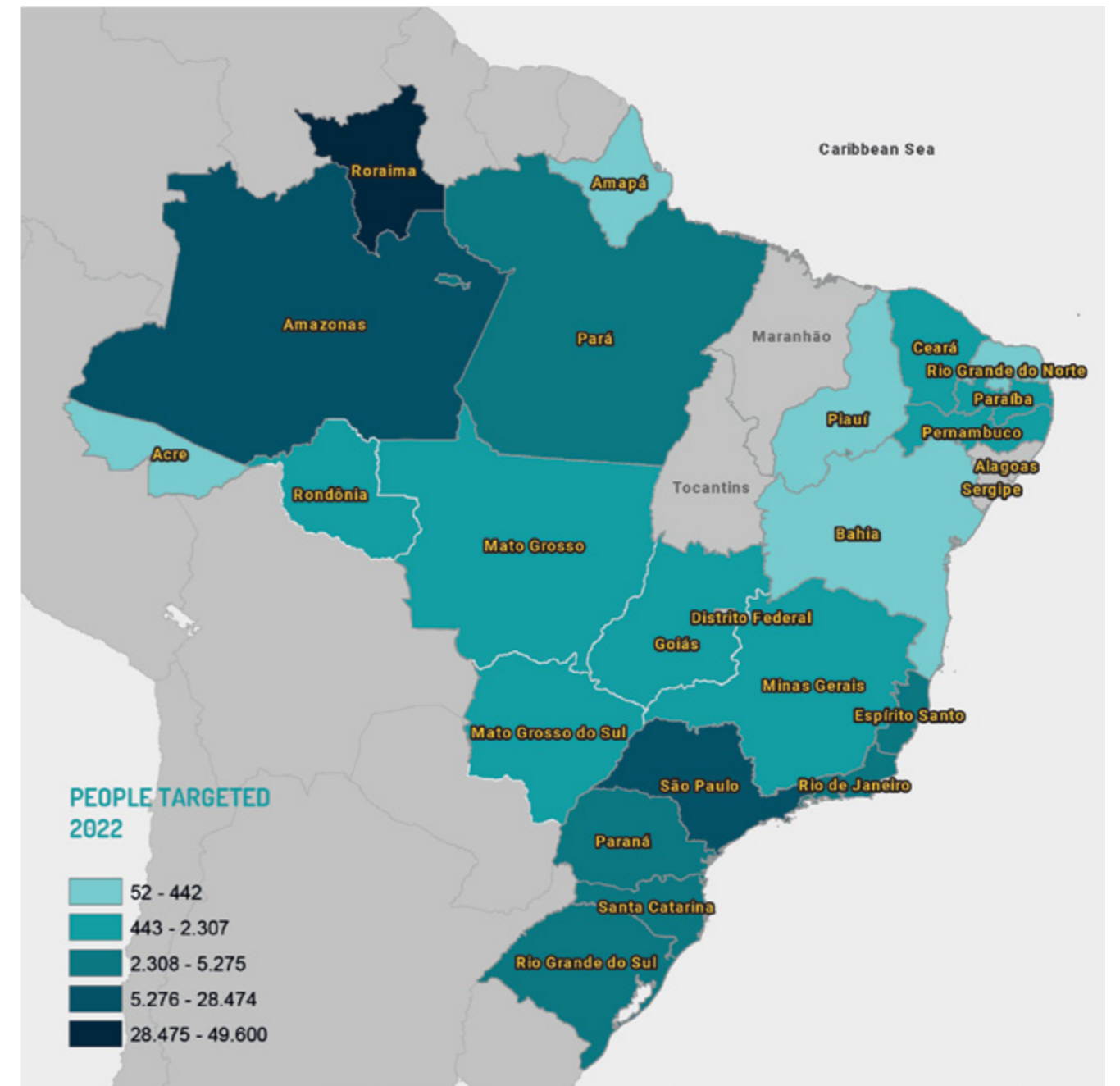


TOTAL REQUIREMENTS
\$126 M

RMRP PARTNERS
39





* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED





























PROVINCE	Population Projection	People in Need	People Targeted	Budget
Roraima	75.6 K	57.45 K	49.6 K	\$65.4 M
Amazonas	49.4 K	37.5 K	28.5 K	\$15.7 M
São Paulo	43.8 K	45.0 K	15.1 K	\$10.0 M
Santa Catarina	44.6 K	45.9 K	5.28 K	\$1.49 M
Rio de Janeiro	5.99 K	6.16 K	5.16 K	\$2.53 M
Paraná	33.2 K	34.1 K	4.25 K	\$2.12 M
Espírito Santo	1.15 K	1.18 K	4.03 K	-
Pará	3.27 K	3.36 K	3.26 K	\$2.43 K
Rio Grande do Sul	24.8 K	25.5 K	3.09 K	\$2.00 M
Rondônia	4.49 K	4.62 K	2.31 K	\$650 K
Minas Gerais	11.4 K	11.7 K	1.39 K	\$1.61 M
Mato Grosso	10.2 K	10.5 K	1.14 K	\$671 K
Paraíba	1.89 K	1.95 K	1.14 K	\$585 K
Mato Grosso do Sul	6.98 K	7.18 K	1.03 K	\$713 K
Goiás	5.602	5.77 K	839	\$514 K
Pernambuco	2.394	2.46 K	812	\$432 K
Ceará	1.647	1.69 K	800	\$76.5 K
Acre	430	442	442	\$508 K
Bahia	2.487	2.56 K	375	\$285 K
Piauí	192	198	182	\$34.7 K
Rio Grande do Norte	774	797	118	\$76.0 K
Amapá	99	102	52	\$30.0 K
Alagoas	172	177	-	-
Distrito Federal	4.273	4.39 K	-	\$5.58 M
Maranhão	602	619	-	\$50.0 K
Sergipe	298	307	-	-
Tocantins	265	272	-	-

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	 International NGOs	 National NGOs / CSOs [†]	 Others ^{††}	 UN Agencies
Financial requirements	16.5%	0.98%	4.80%	77.7%
Organizations	8	9	13	9

[†] Civil Society Organizations.
^{††} Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)	Targeted In need	People targeted	Financial requirements (USD)	Partners
 Education	91.4 K		17.9 K	4.89 M	9
 Food Security	198 K		79.4 K	16.2 M	13
 Health	174 K		57.2 K	10.9 M	16
 Humanitarian Transportation	56.2 K		31.0 K	6.15 M	4
 Integration	108 K		26.8 K	16.5 M	26
 Nutrition	58.2 K		11.9 K	1.71 M	2
 Protection*	304 K		93.5 K	6.58 M	19
 Child Protection	111 K		40.0 K	7.04 M	9
 Gender-Based Violence (GBV)	64.9 K		19.4 K	1.86 M	7
 Human Trafficking & Smuggling	49.4 K		7.35 K	625 K	4
 Shelter	103 K		43.4 K	23.7 M	12
 WASH	109 K		46.6 K	10.3 M	12
 Multipurpose Cash Assistance	-	-	63.6 K	12.7 M	8
 Common Services**	-	-	-	6.39 M	8

* This includes Support Spaces

** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



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Brazil continues to receive and host a very sizable refugee and migrant population from Venezuela: as of March 2021, 144,996 Venezuelans had been granted temporary residence and 79,133 were seeking asylum¹⁵⁸ as well as 46,923 refugees living in the country.¹⁵⁹ Even as the border with Venezuela remains formally closed, in June 2021, the Brazilian Government eased entry restrictions for Venezuelans¹⁶⁰ and allowed for the regularization of those in vulnerable situations who had entered irregularly during the pandemic.¹⁶¹ However, access to documentation remains a challenge, as the number of refugees and migrants from Venezuela in need of regularization exceeds the authorities' processing capacity. As of October 2021, an estimated 2,000 refugees and migrants from Venezuela were in a situation of homelessness on the streets of the northern border town of Pacaraima, while waiting for an appointment at the local Reception and Documentation Centre (PITRIG) for an average time of two weeks.¹⁶²

R4V partners identified priority needs for the RMRP 2022 in Brazil through a secondary data review and a multi-sectoral joint needs assessment (JNA) conducted in July and August 2021. The JNA is based on 800 structured telephone interviews with Venezuelans across the country, with a stratified sampling by state. The findings demonstrate that refugees and migrants from Venezuela still face significant barriers to exercising their fundamental rights and accessing public services in Brazil.

The assessment shows that 21 per cent of children and 27 per cent of adolescents from Venezuela are not attending school, lack opportunities for engagement with other children of similar age and are more vulnerable to child labor, economic exploitation, early pregnancy, as well as other forms of gender-based violence (GBV).¹⁶³ The public education system is overburdened, especially in Roraima State, due to the high influx of refugees and migrants.¹⁶⁴ Regarding health, 61 per cent of households have a member who required medical care in the last three months before the JNA (April and June 2021), of which 31 per cent had difficulties accessing treatment, mainly

[158] Brazilian Federal Police – *Imigração Venezuela/Brasil* – March 2021.

[159] Data from CONARE and UNHCR. Accessible via Microsoft Power BI: <https://bit.ly/3DRyBrS>

[160] Federal Government, Portaria N°655 de 23 de junho de 2021. Accessible at: <https://in.gov.br/en/web/dou/-/portaria-n-655-de-23-de-junho-de-2021-327674155>

[161] Source: Federal Police.

[162] IOM, Refugee and Migrant Population from Venezuela Outside of Shelters in Pacaraima, September 2021: <https://brazil.iom.int/sites/brazil/files/Publications/OIM-0921-informe-desabrigados-pacaraima-acolhida-1.pdf>

[163] R4V Brazil, Multisectoral Joint Needs Assessment (hereafter JNA), November 2021. Publication forthcoming.

[164] UNICEF: School Exclusion Scenario in Brazil. A warning about the impacts of the COVID-19 pandemic on Education. April 2021: <https://www.unicef.org/brazil/relatorios/cenario-da-exclusao-escolar-no-brasil>

due to long waiting times for appointments (28 per cent), lack of free medication (11 per cent) and high costs of care and services (9 per cent).¹⁶⁵

While the economy is recovering from the pandemic, out of those surveyed in the JNA, 26 per cent were unemployed.¹⁶⁶ In Roraima State – one of the poorest in Brazil – bordering Venezuela, and 60 per cent of refugees and migrants earn less than the legal minimum wage, the equivalent of USD 200 a month.¹⁶⁷ Due to low levels of income, coupled with rising prices for everyday goods, refugees and migrants from Venezuela struggle to meet their basic needs, especially food and rent. While more than 52 per cent of surveyed Venezuelan households experience some degree of food insecurity, families including pregnant women and children under the age of five are the most impacted (64 per cent), in a situation that exposes them to undernourishment, stunting, illness and damage to their physical and cognitive development.¹⁶⁸

As regards shelter, 30 per cent of surveyed refugees and migrants reported not knowing where they would be living the following month.¹⁶⁹ Despite the shelters run by Operation Welcome (*Operação Acolhida*¹⁷⁰) supported by R4V partners in Roraima State, an estimated 6,000 refugees and migrants live on the streets and in overcrowded spontaneous settlements, lacking access to adequate WASH services,¹⁷¹ including drinking water, hygiene, and cleaning products. This situation, which is also experienced by refugees and migrants from Venezuela elsewhere in the northern regions of Brazil, increases their risks of contracting diseases such as COVID-19¹⁷² and experiencing domestic violence, sexual exploitation, and human trafficking, and increases the risks of resorting to begging and survival sex for particularly vulnerable groups. While the majority of refugees and migrants living in shelters in Roraima want to take part in the internal relocation programme, 27 per cent would rather remain near the border and closer to Venezuela, so as to facilitate an eventual return and prevent severing ties to the country.¹⁷³

Indigenous peoples are among the most vulnerable refugees and migrants from Venezuela.¹⁷⁴ With the loss of their traditional livelihoods, over 6,000 indigenous Venezuelans in Brazil face additional challenges accessing basic goods and services such

as food, education, and health. Of those in shelters in Roraima, more than 80 per cent lack formal employment and only 9 per cent benefit from social assistance for low-income families.¹⁷⁵ In Amazonas and Pará states, 80 per cent of indigenous Warao never received any formal schooling or only partially completed basic education, and a significant proportion resort to begging to make a living.¹⁷⁶

RESPONSE STRATEGY

Country Planning Scenario

RMRP 2022 planning for Brazil is based on the assumption that the Government will continue to assist Venezuelan refugees and migrants through the Operation Welcome response, focused on the northern states of Roraima and Amazonas, where services are provided jointly with R4V partners, and from where more than 60,000 Venezuelans have been voluntarily relocated elsewhere in Brazil since April 2018.¹⁷⁷ It is also anticipated that the Government will maintain overall favorable policies towards refugees and migrants from Venezuela, including *prime facie* refugee status determination (RSD) based on the expanded refugee definition under the Cartagena Declaration,¹⁷⁸ and residence permit issuance as per the 2017 Migration Law.

It is also anticipated that, although the border with Venezuela may remain closed and entry restrictions could be reinstated, refugees and migrants from Venezuela will continue to enter the national territory. An average of 100 refugees and migrants with exacerbated needs are expected to enter Brazil via Pacaraima daily, due to further deterioration of the situation in Venezuela, reaching an estimated total of 335,000 residing in Brazil by the end of 2022. In the eventual case of worsening conditions for Venezuelans in neighboring countries, attention will be directed to other entry points such as Assis Brasil (Acre) and Foz do Iguaçu (Paraná).

The political campaign that will precede the presidential elections in 2022 could lead to a political discourse negatively impacting the situation of refugees and migrants from Venezuela, especially in the state of Roraima, possibly exposing this population to increased discrimination and xenophobia.

Scope of the Response and Priorities

Given this context, the R4V response envisages implementing coordinated activities for refugees and migrants from Venezuela who largely consider Brazil as their destination, as well as the most impacted host communities. The main strategic objectives are to:

- Complement and strengthen Operation Welcome's three pillars: border management and documentation; shelter and humanitarian assistance; and internal relocation and socio-economic integration.
- Support and promote effective access to basic goods and services, including by enhancing the capacities of State and Municipal authorities in the reception of and in assistance to refugees and migrants from Venezuela throughout Brazil.
- Improve prevention, mitigation and response to protection risks and incidents, and enhance the exercise of fundamental rights, particularly for the most vulnerable and those with specific needs, including children, women and girls, survivors of GBV, persons with disabilities, persons living with HIV/AIDS, the elderly, LGBTQI+, indigenous people, and victims of human trafficking, exploitation and abuse.
- Mitigate barriers to socio-economic integration and ensure social cohesion by supporting access to dignified work and livelihoods, either in the formal labour market or through entrepreneurship, while promoting financial inclusion and preventing xenophobia.

Special attention will be given to indigenous refugees and migrants throughout Brazil in order to:

- Support the self-organization of these communities to strengthen their capacity to advocate for their rights, including collective rights, and to identify and implement their own solutions to the risks and challenges they encounter.
- Assist local and national governments to develop and implement culturally appropriate policies, including shelter exit strategies, that facilitate access to basic rights, livelihoods, and education, and foster the autonomy, self-sufficiency and resilience of indigenous communities.¹⁷⁹

R4V interventions will particularly focus on the states of Roraima and Amazonas – those most affected by inflows from

Venezuela – and those states of Brazil which have a growing presence of refugees and migrants, especially through the interiorization program.

Response Principles

Targeting will be guided by core humanitarian principles, “do no harm,” transparency and flexibility, with needs-based prioritization criteria guided by continuous vulnerability assessments that will be shared and consulted with the affected population and local authorities. Accountability to the affected population (AAP) will be achieved through the improvement of feedback and complaint mechanisms and by engaging with communities – including affected host communities – throughout the programming cycle, from needs assessment and planning, though implementation and evaluation.

Protection will be at the centre of the response, with all RMRP activities in Brazil aiming to ensure the safety, dignity, and rights of persons in need. Great attention will be given to analyzing the roles, experiences, opportunities, and barriers encountered by women, girls, and the LGBTQI+ population, to promote their participation and empowerment, as well as their equal and meaningful access to assistance, services, and rights. Inter-agency interventions to address PSEA, including trainings targeting all R4V partners and actors involved in Operation Welcome, will continue to be implemented, creating synergies with the PSEA Action Plan of the United Nations Country Team (UNCT) that is being drafted. Lastly, environmental considerations will be integrated in the response by fostering environmental consciousness among refugees and migrants from Venezuela, affected host communities and most importantly response actors, setting the framework and implementing activities to mitigate the environmental impact of the influx and the response. Innovative solutions will be strengthened to increase the sustainability of partners' interventions by reducing pollution, waste and greenhouse gas emissions (GHG) generated through the provision of goods and services. Also, R4V partners will promote livelihoods initiatives that support Venezuelans' access to the green economy and other income-generating activities with positive environmental impacts.

[165] R4V Brazil JNA, November 2021. Publication forthcoming.

[166] Ibid.

[167] IOM, DTM Roraima 6. March 2021, p. 10. <https://brazil.iom.int/sites/brazil/files/Publications/DTM-Brasil-7.pdf>

[168] R4V Brazil JNA, November 2021. Publication forthcoming.

[169] Ibid.

[170] Operation Welcome (*Operação Acolhida* in Portuguese) is the federal government's response to the influx of refugees and migrants from Venezuela to Brazil.

[171] IOM, *População Refugiada e Migrante Venezuela Fora de Abrigos em Pacaraima*, September 2021, p. 3 and 5: <https://brazil.iom.int/sites/brazil/files/Publications/OIM-0921-informe-desabrigados-pacaraima-acolhida-1.pdf>

[172] UNICEF, Intersectoral Joint Rapid Needs Assessment with focus on children. August 2021.

[173] UNHCR, Autonomy and local integration of Venezuelan refugees and migrants living in shelters in Boa Vista, 2020, p. 36: <https://www.acnur.org/portugues/wp-content/uploads/2021/07/relatorio-operacao-acolhida-Final.pdf>

[174] IOM, Durable Solutions for Indigenous Refugees and Migrants in the Context of the Venezuelan Influx in Brazil, 2020: <https://brazil.iom.int/sites/brazil/files/Publications/OIM%20-solucoes-duradouras-para-ind%C3%ADgenas-migrantes%20web.pdf>

[175] UNHCR, Socioeconomic profile of the refugee and migrant indigenous population sheltered in Roraima, March 2021: <https://www.acnur.org/portugues/wp-content/uploads/2021/03/Relatorio-socioeconomico-indigena-Roraima.pdf>

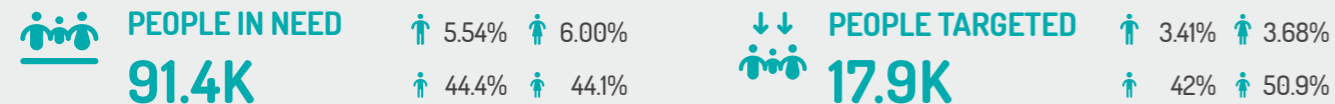
[176] UNHCR, The Warao in Brasil, 2021, : <https://www.acnur.org/portugues/wp-content/uploads/2021/04/WEB-Os-Warao-no-Brasil.pdf>

[177] IOM and the Federal Subcommittee for Internal Relocation. August 2021: <https://brazil.iom.int/sites/brazil/files/Publications/informe-de-interiorizacao-setembro-2021%20%281%29.pdf>

[178] Definition expanded under Provision #3. Regional Refugee Instruments & Related, Cartagena Declaration on Refugees, Colloquium on the International Protection of Refugees in Central America, Mexico and Panama, 22 November 1984, available at: <https://www.refworld.org/docid/3ae6b36ec.html>

[179] As interiorization for indigenous people would raise protection risks due to the current absence of a consistent post-travel monitoring, local integration through exit strategies is currently considered as the most advisable course of action to prevent prolonged / unplanned stays in shelters.

EDUCATION



PRIORITY NEEDS

In Brazil, public education is universal and free, including for refugee and migrant children and regardless of their documentation status. However, 22 per cent of Venezuelan children and 27 per cent of adolescents have not attended school during the COVID-19 pandemic,¹⁸⁰ with an increase in age-grade distortion,¹⁸¹ dropout rates, and underperformance in school. Among the adult population of refugees and migrants from Venezuela, only 39 per cent have completed secondary education, which limits their employment prospects.¹⁸²

The main barriers to formal education include limited access to connectivity, lack of language skills, limited enrollment slots, lack of adapted teaching and learning materials, preferences of parents for other forms of schooling, distance from schools and difficulties for the recognition of diplomas and transfer between schools within Brazil.¹⁸³

There is also an urgent need to consider the specific needs of vulnerable groups who experience additional barriers to school attendance, such as indigenous peoples,¹⁸⁴ persons with disabilities, single parents (primarily women and adolescent girls), the LGBTQI+ population, and girls, who are at greater risk of GBV and early pregnancy, and whose permanence is at risk as a result of such incidents.

Finally, as only 46 per cent of schools have basic sanitation, their safe reopening relies on municipalities' ability to put in place basic hygiene measures.¹⁸⁵

RESPONSE STRATEGY

The Education Sector's priorities for 2022 include:

- Supporting refugees and migrants from Venezuela in the processes of reinsertion, enrolment, integration, and permanence in formal and non-formal educational activities, including for internally relocated children and families.
- Promoting access to secondary, technical, and Youth and Adult Education (EJA) programmes coordinated by the Ministry of Education,¹⁸⁶ and supporting the process of academic recognition.
- Strengthening local capacities to guarantee the right to quality education for refugees and migrants from Venezuela and affected host communities, including by providing support for school materials, meals, and transport.

To ensure refugees' and migrants' access to education and continuity of studies, R4V partners will support states and municipalities to identify, register, accompany and monitor children and adolescents who are not enrolled in school, at risk of dropping out, and/or in need of documentation or grade placement. Through the collected data, states and municipalities will be able to develop and implement educational policies which enhance the enjoyment of the basic right of children to education.

The Education Sector will involve local educational entities and professionals in awareness-raising and capacity-support initiatives and will provide guidance and/or support to establish guidelines on more complex cases involving higher levels of vulnerability. Through advocacy with the public sector, the Sector will seek to simplify the process to recognize foreign diplomas and certificates.

[180] R4V Brazil JNA, November 2021. Publication forthcoming.

[181] Venezuelan children tend to be older than their Brazilian counterparts at lower grades. Shamsuddin, Mrittika; Acosta, Pablo Ariel; Battaglin Schwengber, Rovane; Fix, Jedediah; Pirani, Nikolas. Integration of Venezuelan Refugees and Migrants in Brazil. 2021. Policy Research Working Paper, No. 9605. World Bank, Washington, DC. : <https://openknowledge.worldbank.org/handle/10986/35358> License: CC BY 3.0 IGO. Accessed March 2021.

[182] R4V Brazil JNA, November 2021. Publication forthcoming.

[183] UNICEF, Out-of-School Children in Brazil: A warning about the impacts of the COVID-19 pandemic on Education, April 2021: <https://www.unicef.org/brazil/media/14881/file/out-of-school-children-in-brazil-a-warning-about-the-impacts-of-the-covid-19-pandemic-on-education.pdf>.

[184] For indigenous children and adolescents, these obstacles are compounded by a lack of education systems adapted to the preservation of indigenous cultures and languages. See UNHCR, The Warao in Brazil, April 2021: <https://www.acnur.org/portugues/wp-content/uploads/2021/04/WEB-Os-Warao-no-Brasil.pdf>.

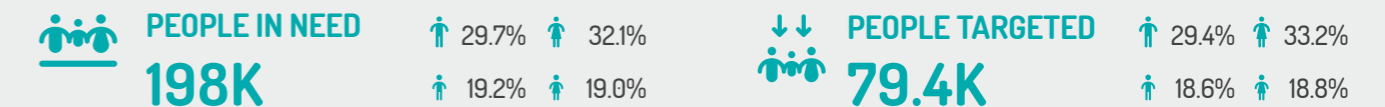
[185] UNICEF, Assessment of WASH (WASH FIT for Health Facilities). 2020.

[186] EJA (Youth and Adult Education, or Educação de Jovens e Adultos) is an inclusive system coordinated by the Brazilian Federal Government to provide education for adolescents and adults who were unable to complete their education.

Interventions will focus on vulnerable groups' specific needs, including by developing learning materials for indigenous students, and delivering classes on sexual and reproductive health. Non-formal education – including activities on Brazilian culture, Portuguese and remedial classes – will be held in shelters to support the transition to formal education. In addition, the Sector will disseminate guidance on the safe reopening of schools among school managers, students, and families, fostering inclusive environments.

Education interventions on health, indigenous education, vocational and technical training, EJA, the safe reopening of schools, and internally relocated children's education will be coordinated with the Protection, Shelter, Humanitarian Transportation, Integration, Health, and WASH Sectors, and with the Indigenous Peoples Working Group.

FOOD SECURITY



PRIORITY NEEDS

Inflation of food prices has been exerting growing pressure on household budgets since 2020¹⁸⁷ and evidence shows that more than half of the Brazilian population experiences some degree of food insecurity.¹⁸⁸ While food insecurity levels are reportedly high for all Venezuelan families, those led by female refugees and migrants between 20 and 40 years of age are hit the hardest, peaking at 70 per cent for the youngest heads of households.¹⁸⁹ Restrictions adopted during the COVID-19 pandemic have affected the economies of all regions of the country, including the richest states in the south.¹⁹⁰

The three packed meals distributed daily (breakfast, lunch and dinner) in Boa Vista and Pacaraima by the Federal Government in the framework of Operation Welcome are produced in bulk and do not necessarily take into consideration the daily nutritional requirements of the most vulnerable refugees and migrants. These distributions are primarily targeted at the population in shelters, while R4V partners have been providing limited food support to some of the 6,000 refugees and migrants living on the streets and in spontaneous settlements.^{191,192}

Indigenous peoples, including the Warao (the largest group in Brazil), E'ñepa, Ye'kuana, Ka'riña and Wayyu have also faced increasing challenges as a result of the loss of their traditional livelihoods, foods and diets.¹⁹³

RESPONSE STRATEGY

Given this context, the Food Security Sector's priorities for 2022 are to:

- Support and complement the efforts of Operation Welcome and local authorities to provide food assistance to refugees and migrants from Venezuela living on the streets, in spontaneous settlements, rented accommodations and temporary shelters, both in urban and rural areas, considering the specific nutritional needs of particularly vulnerable groups such as people with chronic illnesses, the elderly, indigenous peoples and children.
- Support indigenous communities with local food production through the provision of agricultural tools and equipment, trainings on sustainable farming and/or financial support.
- Support facilities, including community kitchens and canteens, with infrastructure assistance and management, provision of equipment and tools, and adaptation of spaces for food storage, preparation and consumption. The modalities of food assistance will include in-kind deliveries of both food baskets and prepared meals, as well as CVA, aiming to maximize the welfare of the affected population and accommodate their cultural preferences.

[187] FAO, IFAD, UNICEF, WFP and WHO. The State of Food Security and Nutrition in the World 2021: www.fao.org/3/cb4474en/cb4474en.pdf

[188] Brazilian Network for Research on Food Sovereignty in Brazil, National Survey on Food Insecurity in the Context of the Covid-19 Pandemic in Brazil, VIGISAN, Insegurança alimentar e Covid-19 no Brasil, page 35: http://olheparaafome.com.br/VIGISAN_Inseguranca_alimentar.pdf.

[189] R4V Brazil JNA, November 2021. Publication forthcoming.

[190] Ibid.

[191] IOM, População desabrigada refugiada e migrantes em Boa Vista, August 2021: <https://brazil.iom.int/sites/brazil/files/Publications/OIM-0821-informe-desabrigados-boa-vista-rodoviaria-acolhida-1.pdf>.

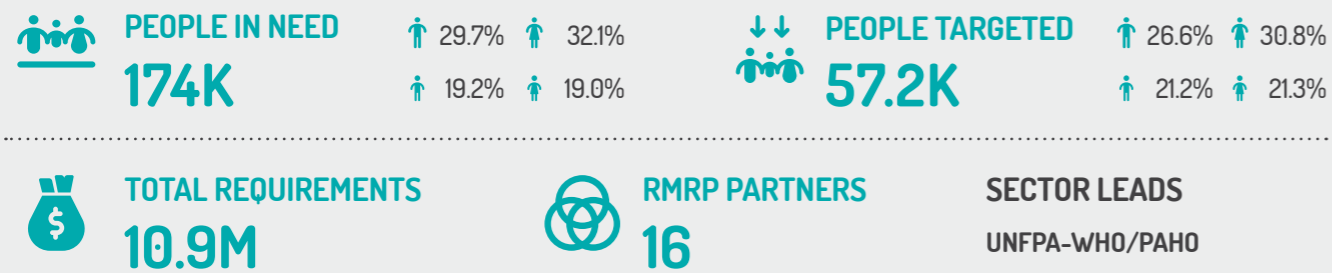
[192] IOM, População desabrigada refugiada e migrantes em Pacaraima, August 2021: <https://brazil.iom.int/sites/brazil/files/Publications/OIM-0821-informe-desabrigados-pacaraima-acolhida-1.pdf>.

[193] IOM, Soluções duradouras para indígenas migrantes e refugiados no contexto do fluxo venezuelano no Brasil, 2020: https://brazil.iom.int/sites/brazil/files/Publications/OIM%20_solucoes_duradouras_para_ind%C3%ADgenas_migrantes%20web.pdf.

The Sector's response includes a joint strategy with the Protection Sector to raise awareness of and promote inclusion in social welfare programmes such as *Bolsa Família*, prioritizing female-headed households and the indigenous population living in urban areas. Links will also be strengthened with the WASH, Shelter and Nutrition Sectors to prevent diseases through the provision of clean water for cooking and the establishment of new communal kitchens in different types of

shelter solutions; to create a network of food providers meeting the specific nutritional requirements of the most vulnerable; and to train community leaders and civil society organizations on the preparation of sufficient, safe, and nutritious food. With the Integration Sector, further income-generating activities will be developed to enhance the self-reliance of indigenous communities.

HEALTH



PRIORITY NEEDS

According to the JNA, in addition to the previously noted prevalence of health needs among refugees and migrants, and their difficulties in accessing medical services, 27 per cent of responding households had members with chronic diseases, 43 per cent of whom could not access medical care; and 12 per cent of households reported at least one person with a physical or mental disability, 38 per cent of whom could not access care. Among households with sexual and reproductive health needs, 23 per cent could not access contraceptives, 16 per cent could not obtain sexually transmitted infection (STI) prevention/treatment services, and 19 per cent of pregnant and/or lactating women received no prenatal care.¹⁹⁴ Indigenous peoples also have specific health needs, particularly given language and cultural barriers, including on the use of traditional medicine. Respiratory diseases including pneumonia, tuberculosis and COVID-19 are among the main leading causes of mortality in those communities.¹⁹⁵

RESPONSE STRATEGY

The Health Sector will focus on three priorities in its response:

- Support the expansion of universal access to health services within the framework of Brazil's Unified Health System (SUS), including through community-based actions, with an emphasis on populations with specific needs, such as indigenous people, women (for prenatal and reproductive health), children, people living with HIV/AIDS, and the elderly.
- Support the expansion of vaccination coverage for refugees and migrants from Venezuela according to the national

immunization plan, including vaccination against COVID-19.

- Strengthen the health response throughout the internal relocation and local integration processes.

The Health Sector response will be implemented in close coordination and cooperation with the Brazilian Federal Government, Operation Welcome, states and municipalities.

The Sector's strategies will include advocacy with public health officials as well as the elaboration of informative materials, handbooks, guidance documents and standard operating procedures (SOPs). Local response capacities will be strengthened by sharing best practices, training health managers and professionals, donating equipment and medicines, hiring medical staff and providing technical support.

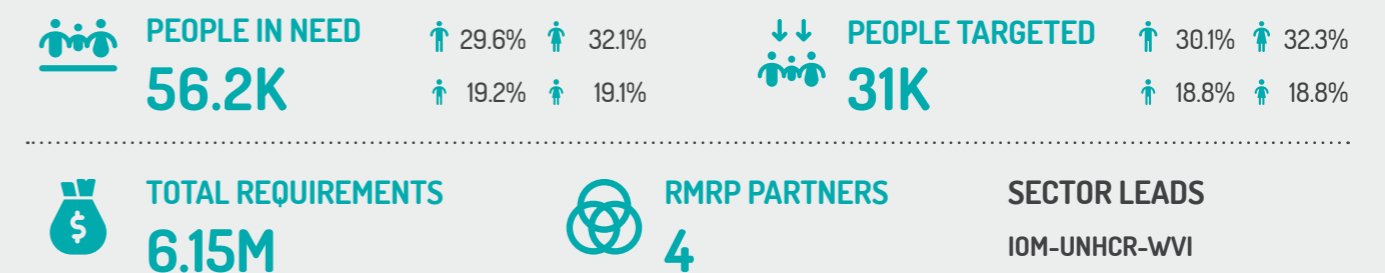
Response modalities will also include the provision of direct support to refugees and migrants from Venezuela through monitoring and referral of people with chronic diseases and women in need of prenatal, obstetric, and maternal health care; promotion of sexual and reproductive health and rights through counselling on, and distribution of, contraceptives and HIV/STI testing; provision of mental health and psychosocial support (MHPSS) and primary care consultations; and deployment of mobile health teams and units, in coordination with the SUS. In addition, partners will carry out cross-cutting actions related to COVID-19 infection control, adopting intercultural strategies, especially targeting indigenous communities for CwC on prevention and care. Community-based actions will be implemented mainly in the states of Roraima and Amazonas, targeting people living in shelters, in spontaneous settlements, on the streets and in Documentation, Screening and Relocation

Centres (PITRIGs) and Reception and Support Centres (PRAs, by its Portuguese acronym). Refugees' and migrants' access to the public healthcare system in arrival and destination cities will be ensured through workshops and CwC materials.

To ensure a strategic response, the Health Sector will coordinate with all the sectors, especially with Protection to strengthen the response on MHPSS; with the Humanitarian Transportation and Integration Sectors to improve access to health services, including HIV testing and treatment, for relocated refugees and

migrants; and with the Indigenous Peoples Working Group to elaborate and disseminate adapted information materials with an intercultural approach.

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

In order to improve livelihood opportunities for Venezuelans, strengthen their socio-economic integration prospects, and relieve the pressure on overburdened public services in the northern states of Brazil that serve as reception communities, Operation Welcome's internal relocation strategy (*interiorização*) facilitates the voluntary, safe and orderly transportation of refugees and migrants from Roraima and Amazonas States to destinations elsewhere in Brazil. Since April 2018, 60,788 refugees and migrants from Venezuela have been voluntarily relocated to 26 states and the Federal District,¹⁹⁶ with the support of Operation Welcome and R4V partners. In their destination cities, they are matched with employment opportunities, provided with individual or collective shelter and/or reunified with family members and support networks. It is anticipated that the internal relocation programme will benefit 2,500 refugees and migrants per month in 2022, after the average monthly number of beneficiaries dropped from 3,000 in February 2020 to 1,200 between March 2020 and June 2021, owing to the impact of the COVID-19 pandemic.

Meanwhile, in towns and cities where refugees and migrants have settled, their inability to afford safe day-to-day transportation limits their access to rights and services, including protection and healthcare, imposing additional barriers to their socio-economic integration. In remote communities, precarious infrastructure and logistics force many to resort to irregular transportation services, which expose them to additional risks, such as GBV and human trafficking.

RESPONSE STRATEGY

The priorities for the Humanitarian Transportation Sector in 2022 are:

- Providing support to all the phases of Operation Welcome's voluntary internal relocation strategy, ensuring its operability, taking into account COVID-19 prevention and response measures, and ensuring safety and protection throughout the process.
- Strengthen access to official means of transportation within or between municipalities to facilitate access to employment opportunities, goods, rights and services, considering the needs of vulnerable groups such as women, children, persons with disabilities, the elderly, indigenous people, persons at risk of or who have survived GBV or have been victims of human trafficking and exploitation, and LGBTQI+ persons.

The Humanitarian Transportation Sector will provide technical and logistical support to the internal relocation strategy, such as registration, orientation of beneficiaries and fit-for travel assessments during the pre-departure phase, accompaniment up to the destination city or purchase of commercial flight and bus tickets, and post-arrival monitoring. In addition, it will assist the Federal Government to improve procedures and protocols and provide guidance for partners and beneficiaries. The Sector will consider the Age, Gender and Diversity approach, and apply monitoring mechanisms to assess results, identify failures, and design improvements. Moreover, the Sector will strengthen the capacities of local authorities to receive refugees and migrants in destination cities by providing targeted training as well as technical and personnel support.

[194] Ibid.

[195] UNHCR, Os Warao no Brasil, April 2021, p.51: <https://www.acnur.org/portugues/wp-content/uploads/2021/04/WEB-Os-Warao-no-Brasil.pdf>

[196] R4V and the Ministry for Citizens' Rights, Relocation Strategy: <http://aplicacoes.mds.gov.br/snas/painel-interiorizacao/>.

As for local transportation, response modalities will include direct assistance to refugees and migrants from Venezuela, in the form of CVA. In addition, transportation will be provided to refugees and migrants living in the municipalities of Roraima to access regularization and documentation services in Boa Vista, the state capital.

The Humanitarian Transportation Sector will coordinate with the Protection Sector and its Sub-Sectors (Child Protection, GBV, Human Trafficking and Smuggling) to identify and monitor

protection cases during the relocation process and refer them to the relevant public services according to the procedures established by the Federal Government. It will also work with the Health Sector to ensure compliance with COVID-19 preventive measures, with the Shelter Sector to promote access to temporary shelters and housing for participants in the internal relocation programme, and the Integration Sector to ensure access to livelihood opportunities in the destination cities.

visibility through online platforms; and promote access to microcredit and financial services, considering age, gender, and diversity (AGD) considerations. The Sector will raise awareness among the private sector to encourage the hiring of refugees and migrants from Venezuela, and provide support to local and federal officials on effective public policies, protection mechanisms and services to meet the needs of refugees and migrants, including through targeted training. The Sector will seek to ensure sustainability and contribute to the operationalization of environmental preservation policies, within the scope of a green circular economy. Studies will be conducted to assess the socio-economic integration of Venezuelan refugees and migrants and analyse the impact of the internal relocation strategy.

The Integration Sector will collaborate with the Education, Shelter and Protection Sectors and Sub-Sectors, and the Communication and Indigenous Peoples Working Groups. Joint efforts include delivering online training, facilitating the recognition of degrees, preventing labour exploitation and child labour, expanding access to reception facilities, creating risk-prevention and mitigation mechanisms within the relocation strategy, and developing communications materials and campaigns on public rights and services, strengthening social cohesion, and promoting indigenous peoples' self-sufficiency.

INTEGRATION



PEOPLE IN NEED
108K

↑ 29.7% ↓ 32.1%
↑ 19.2% ↓ 19.0%



PEOPLE TARGETED
26.8K

↑ 43.9% ↓ 48.3%
↑ 3.82% ↓ 3.93%



TOTAL REQUIREMENTS
16.5M



RMRP PARTNERS
26

SECTOR LEADS
IOM-UNHCR-WVI

PRIORITY NEEDS

Although refugees and migrants from Venezuela in regular situations have access to work permits and have the same labour rights as any other worker in Brazil, they face several challenges to their socio-economic integration. Amongst those surveyed in the JNA, 26 per cent of Venezuelans were unemployed.¹⁹⁷ Other studies find that, compared to the host population, refugees and migrants from Venezuela are 30 per cent less likely to benefit from social assistance programmes and 64 per cent less likely to be formally employed.¹⁹⁸ In the state of Roraima, up to 90 per cent of Venezuelans hold informal jobs, and 61 per cent are paid below minimum wage. The challenges to socio-economic integration in states like Roraima highlight the ongoing need for the internal relocation programme¹⁹⁹ through which refugees and migrants can access improved livelihoods opportunities throughout the country.

Additional obstacles to integration include language barriers, incidents of xenophobia and discrimination among all population groups (including children), difficulties in obtaining formal recognition of academic degrees, lack of awareness among employers of legal provisions that make it possible to hire refugees and migrants,²⁰⁰ and limited access by refugees and migrants from Venezuela to financial services, including bank accounts and/or microcredits. These challenges particularly impact women, youth, the elderly, indigenous persons, and the LGBTIQ+ community, in view of the high levels

of social inequalities in Brazil that also affect these groups, resulting in a double affectation for refugees and migrants with these profiles.

RESPONSE STRATEGY

The Integration Sector will foster the sustainable integration of refugees and migrants from Venezuela in their host communities. To that end, the 2022 response strategy will focus on:

- Promoting socio-economic integration through access to formal employment, entrepreneurship, and other livelihoods opportunities.
- Supporting the internal relocation strategy in an organized and sustainable manner, aiming to strengthen public institutions' capacities to integrate refugees and migrants at the local level.
- Providing information on refugees' and migrants' rights and services that foster their inclusion, while improving social cohesion through peaceful coexistence activities, including positive environmental actions in conjunction with affected host communities.

In terms of response modalities, the Sector will deliver online and in-person vocational and Portuguese language training to promote access to labour markets; support the recognition of professional degrees and certificates; increase entrepreneurs'

NUTRITION



PEOPLE IN NEED
58.2K

↑ 5.00% ↓ 23.8%
↑ 35.7% ↓ 35.5%



PEOPLE TARGETED
11.9K

↑ 6.20% ↓ 29.7%
↑ 30.7% ↓ 33.3%



TOTAL REQUIREMENTS
1.71M



RMRP PARTNERS
2

SECTOR LEAD
UNICEF

PRIORITY NEEDS

Periodic nutritional assessments with refugees and migrants from Venezuela²⁰¹ carried out in five municipalities in the north of Brazil show high rates of wasting (5 to 10 per cent) and stunting (10 to 25 per cent), especially among indigenous children and those who live outside municipal or Operation Welcome shelters. There is very little information on the nutritional status of refugees and migrants living elsewhere beyond the northern region of Brazil. However, according to the JNA, 31 per cent of Venezuelan families in Brazil who needed medical treatment or health-care services – which may include treatment for conditions associated with poor nutrition – reported difficulties in accessing them.²⁰² Cultural issues and a lack of knowledge of their rights under the Unified Health System (SUS²⁰³) result in challenges in accessing public nutrition services, including preventive nutritional supplementation. Moreover, there is a shortage of nutrition professionals in SUS primary health-care services in municipalities that receive the most Venezuelan refugees and migrants, a situation that has been aggravated by the COVID-19 pandemic.

RESPONSE STRATEGY

Given this situation, the priorities for the Nutrition Sector in 2022 are:

- Expanding the scope of nutrition surveillance and nutritional care provided by local primary health-care facilities (Unidades Básicas de Saúde, or UBS for its acronym in Portuguese) to improve access for children under the age of five and pregnant and lactating women living outside shelters, with an emphasis on populations with specific needs, such as indigenous peoples.
- Promoting strategies to prevent acute and chronic malnutrition among children under the age of five and pregnant and lactating women, including the provision of micronutrient supplementation, and the promotion of breastfeeding and healthy eating.
- Promoting the culturally sensitive integration of refugees and migrants from Venezuela into local health-care systems, ensuring they have access to the nutritional services they are entitled to under the SUS.

The capacity of nutrition surveillance and nutritional care services will be strengthened through technical training and the hiring of nutrition professionals for mobile teams, shelters,

[197] R4V Brazil JNA, November 2021. Publication forthcoming.

[198] UNHCR, Integration of Venezuelan Refugees and Migrants in Brazil, May 2021: <https://www.acnur.org/portugues/wp-content/uploads/2021/05/5-pages-Integration-of-Venezuelan-Refugees-and-Migrants-in-Brazil-pt.pdf>.

[199] IOM, Roraima DTM 6 Brazil, May 2021: <https://brazil.iom.int/sites/brazil/files/Publications/DTM-Brasil-7.pdf>

[200] UNHCR, Refugee Voices, June 2021: <https://www.acnur.org/portugues/wp-content/uploads/2021/06/ACNUR-Relatorio-Vozes-das-Pessoas-Refugiadas-reduzido.pdf>

[201] UNICEF, UNICEF-supported Primary Health Care in shelters for Venezuelan refugees and migrants, Roraima, Amazonas – Brazil, August 2021: <https://www.r4v.info/es/document/atencao-primaria-saude-apoiada-pelo-unicef-em-abrigos-de-refugiados-e-migrantes-da>

[202] R4V Brazil JNA, November 2021. Publication forthcoming.

[203] Portuguese acronym for Sistema Único de Saúde.

and primary health-care facilities (UBS). Sector partners will support municipal health departments in the planning, management, and delivery of nutrition services, incorporating ethical and cultural considerations. The Sector will promote continued provision of therapeutic inputs and access to micronutrient supplementation for the prevention of acute and chronic malnutrition. The Sector will consult communities (refugees, migrants, and host communities) during the planning, implementation and monitoring of activities, to ensure accountability to affected populations.

Comprehensive training on healthy eating will target caregivers responsible for children under five. In addition, support will be

provided to create and maintain environments that may favour breastfeeding, and for the development of best practices in food preparation and handling. The Sector will work together with the Health, Shelter, Integration, WASH and Protection Sectors and Sub-sectors to plan integrated actions to ensure nutrition surveillance is integrated into primary health care provision; the provision of quality food in shelters; and access to nutritional care activities throughout the relocation process (*interiorização*). It will strengthen data collection to support the implementation of adapted nutrition policies with the Indigenous Peoples WG and seek to reduce malnutrition through increased integration with the WASH Sector.

PROTECTION



PEOPLE IN NEED
304K

↑ 29.7% ↓ 32.1%
↑ 19.2% ↓ 19.0%



PEOPLE TARGETED
93.5K

↑ 30.1% ↓ 32.7%
↑ 18.6% ↓ 18.6%



TOTAL REQUIREMENTS
6.58M



RMRP PARTNERS
19

SECTOR LEADS
JSRM-UNHCR

PRIORITY NEEDS

Restrictions imposed by the Brazilian Government to respond to the COVID-19 pandemic have resulted in additional protection challenges. According to the JNA, the number of Venezuelans entering Brazil irregularly rose from 45 per cent to 70 per cent over the last year.²⁰⁴ Although the government in June 2021 adopted a more flexible approach to allow the regularization of Venezuelans who had entered irregularly, the demand for regularization exceeds current capacities. According to a study by R4V partners, documentation is a priority for 88 per cent of refugees and migrants in Brazil.²⁰⁵ Similarly, another R4V study notes that 23 per cent had no regular documentation as of May 2021.²⁰⁶

Surveys show²⁰⁷ almost half of the interviewed refugees and migrants from Venezuela having at least one specific protection

need,²⁰⁸ while a third reported having suffered discrimination, mainly due to their nationality.²⁰⁹ Overall, studies show that a lack of knowledge of their rights as well as on available protection services limit access to assistance by refugees and migrants from Venezuela.²¹⁰ In addition, limited response and operational capacities of public service providers hamper case management, especially those involving unaccompanied and/or separated children (UASC),²¹¹ indigenous peoples, LGBTQI+ persons, people with disabilities, the elderly, victims of trafficking and labour exploitation, and GBV survivors.

[204] R4V Brazil JNA, November 2021. Publication forthcoming.

[205] Caritas, Review of secondary data from the Protection Sector: <https://migrasegura.org/2021/10/el-diagnostico-realizado-por-migrasegura-ya-esta-disponible-en-ingles-y-portugues/>

[206] UNHCR Protection Monitoring Report, April/May 2021: <https://www.r4v.info/es/node/88107>

[207] The UNHCR Protection Monitoring Report for January/February 2021 revealed several negative coping mechanisms that have been adopted to deal with these issues, including reducing the quantity and quality of food intake, especially by adults. <https://www.r4v.info/document/relatorio-de-monitoramento-de-protecao-acnur-brasil-janeiro-fevereiro2021>

[208] UNHCR Protection Monitoring Report, April/May 2021: <https://www.r4v.info/es/node/88107>

[209] IOM, DTM Roraima 6, May 2021: <https://brazil.iom.int/sites/brazil/files/Publications/DTM-Brasil-7.pdf>

[210] Caritas, Diagnostic of information needs and preferences of the Venezuelan population in Brazil and Ecuador, 2021: <https://caritas.org.br/noticias/66-das-pessoas-que-migram-da-venezuela-viajam-sem-informacoes-para-o-brasil-e-para-o-equador>

[211] Of the JNA sample population, 2.3 per cent were identified as potentially unaccompanied and/or separated children (UASC). R4V Brazil JNA, November 2021. Publication forthcoming.

RESPONSE STRATEGY

In 2022, the Protection Sector will pursue the following response priorities:

- Improving access to territory, asylum procedures and regularization pathways, and facilitate access to documentation, including birth registrations and renewal of documents, especially those that expired during the pandemic or after internal relocation.²¹²

Providing protection and specialized services through participatory community²¹³ approaches, seeking to strengthen accountability to affected populations (AAP) and peaceful coexistence with affected host communities, especially by fostering two-way communication between affected communities and R4V Partners.

- Supporting humanitarian responses at the federal, state, and municipal levels through technical cooperation with relevant actors aiming to improve access to national protection systems, while fostering complementary actions to meet basic needs and create lasting solutions.

Protection Sector partners will maintain their presence at the border to support the reception of refugees and migrants from Venezuela, share information, and monitor protection risks to provide adequate assistance. The Sector will coordinate the identification and referral of people with specific protection needs and ensure implementation of and adherence to minimum case-management standards.²¹⁴ The Sector will strive to provide a comprehensive response by strengthening the Support Spaces network and promoting joint actions to prevent and mitigate protection risks, ensuring advocacy and technical follow-up by humanitarian actors. It will enhance local protection networks through capacity-building, especially on case management and referrals.

The Sector will also promote the principle of Centrality of Protection (CoP) throughout the response, mainly by working with the Integration and Humanitarian Transportation Sectors to consolidate a risk mitigation approach for internal relocation. Joint work with the Indigenous Peoples Working Group will be strengthened through the continued exchange of good practices between Protection sectors in other countries to ensure access to national protection systems. Lastly, the partnership with the Health Sector will help promote access to the national health system while addressing protection needs.



CHILD PROTECTION



PEOPLE IN NEED
111K

↑ 5.00% ↓ 8.92%
↑ 43.2% ↓ 42.9%



PEOPLE TARGETED
40K

↑ 5.29% ↓ 9.55%
↑ 42.7% ↓ 42.4%



TOTAL REQUIREMENTS
7.04M



RMRP PARTNERS
9

SECTOR LEADS
SOS CHILDREN'S VILLAGE-
UNICEF

PRIORITY NEEDS

Refugee and migrant children and adolescents are particularly vulnerable to psychological and physical violence, including xenophobia, child labour, sexual exploitation, and recruitment by criminal organizations. The COVID-19 pandemic has further exacerbated their socio-economic vulnerability, hampering access to documentation and regularization, causing family separation and the violation of fundamental rights, particularly affecting unaccompanied, separated, indigenous, and

homeless children. According to a needs assessment carried out in August 2021 with refugees and migrants from Venezuela in Roraima, Amazonas, and Pará, 15 per cent of respondents had witnessed psychological violence against children, and 11 per cent had witnessed physical violence, yet 37 per cent did not know how to report cases of violence.²¹⁵

In the same assessment, another 67 per cent of respondents reported increased tension and domestic violence within families and in the community during the pandemic.²¹⁶ In

[212] Participants in the UNHCR Participatory Diagnostic mentioned as a significant challenge the lack of information about documentation renewal during the pandemic and the difficulty of accessing essential services with expired documentation. <https://www.r4v.info/pt/document/vozes-das-pessoas-refugiadas-no-brasil>

[213] Community here is understood as the group formed by refugees, migrants and affected host communities, with attention to their specific needs but also fostering cohesion.

[214] For principles of protection case management, see the Support Spaces Toolkit: <https://www.r4v.info/en/document/support-spaces-toolkit-november-2019-eng>. More information available here: https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf and http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

[215] UNICEF, Inter-Sectoral Multi-Partner Child Focused Rapid Needs Assessment, August 2021. Unpublished.

[216] Ibid.

addition, 38 per cent noted a need to assist UASC, while 30 per cent did not see these children receiving the necessary care. Of those who did receive care, 18 per cent stated this assistance was provided informally and only 9 per cent received care through the public protection system. Refugees and migrants from Venezuela also emphasized the importance of providing MHPSS for children and adolescents, in addition to promoting safe spaces and alternative care arrangements.

RESPONSE STRATEGY

In 2022, the Child Protection Sub-sector will promote prevention, risk mitigation, and response actions to address violence against children and adolescents from Venezuela and affected host communities, with a special focus on gender issues. This will be achieved by developing procedures and strengthening national and local initiatives to align with the Best Interest of the Child²¹⁷ and the **Minimum Standards for Child Protection in Humanitarian Action**. **Priorities include:**

- Supporting access to rights and specialized services to protect refugee and migrant children and adolescents from Venezuela, especially undocumented, UASC, indigenous, and homeless children.
- Strengthening the capacities of actors within the Child and Adolescent Rights Guarantee System²¹⁸ to prevent and

address violence, abuse and neglect against refugee and migrant children and adolescents, encouraging community-based initiatives.

- Promoting the safe and meaningful engagement of Venezuelan children and adolescents as protagonists, through initiatives to strengthen accountability to affected populations, and ensuring their autonomy, self-reliance and social integration.

The Sub-sector will engage in advocacy, communication, sensitization, and capacity-support targeting the national child protection system and the community (refugees, migrants and affected host communities), to ensure the timely identification and management of cases where children are victims and witnesses of violence and provide individualized and intersectoral care beginning from the time of border crossing. For UASCs, mechanisms for family reunification will be strengthened, together with the provision of alternatives to institutional care.

Awareness-raising actions will be carried out with the Indigenous Peoples Working Group, given the specialized protection needs of indigenous children and adolescents. Collaborative interventions will also be organized with the Education Sector, as schools are essential to build a protective environment and prevent violence.

per cent of all GBV survivors did not seek protection.²²³ In the case of refugees and migrants, only 10.8 per cent of survivors reported the incidents to the police, for fear of reprisals and lack of trust in the institutions, and of those, only 6 per cent received some form of protection support from the authorities.²²⁴ Finally, LGBTQI+ refugees and migrants from Venezuela require specialized support to prevent and respond to GBV, particularly given high rates of homophobic and transphobic violence in the country, despite regulatory advances for their protection.²²⁵

RESPONSE STRATEGY

The GBV Sub-sector in 2022 will prioritize:

- Strengthening and supporting public systems and humanitarian actors to ensure greater coverage of, and accessibility to, intersectoral network services that meet the biopsychosocial, legal, safety, and security needs of GBV survivors.
- Expanding initiatives related to the protection and empowerment (economic, psychosocial and community-based) of women, girls and LGBTQI+ persons.
- Promoting GBV risk-prevention and mitigation actions by providing information on the rights and services available to vulnerable groups.

The Sub-sector will conduct advocacy in partnership with local networks to promote culturally sensitive and survivor-centred

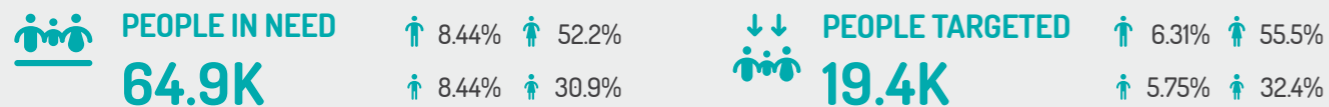
assistance without discrimination of refugees and migrants from Venezuela as well as affected host communities, and build the capacity of service providers through training on case management, psychosocial care, and clinical management of rape and sexual violence, according to national and international guidelines, as well as through joint monitoring activities.

The GBV Sub-sector intends to strengthen community resilience and peaceful coexistence by training and supporting refugee and migrant leaders (grassroots women paralegals) and other community-based protection strategies, such as peer support, self-help groups and micro-protection networks, with the aim of mitigating the effects of GBV and improving the well-being of survivors.

In addition, the Sub-sector will develop CwC strategies based on the AGD approach, facilitating broad access to information products that save lives, and developing specialized technical materials to effectively implement actions to prevent, mitigate and respond to GBV.

These interventions will be implemented in close coordination with other Sectors, such as Health, Education, Integration, Child Protection, and Human Trafficking, to achieve an intersectoral and equitable response that respects the rights and dignity of people at risk and survivors of GBV.

GENDER-BASED VIOLENCE (GBV)



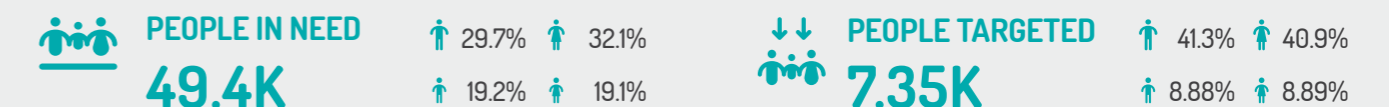
PRIORITY NEEDS

The risk of gender-based violence (GBV) is much higher in emergency settings,²¹⁹ especially for women, girls, and the LGBTQI+ population. In mixed flows of refugees and migrants, GBV risks are increased due to the disruption of support and

protection networks, difficulties in accessing basic services, lack of documentation, discrimination, fear of deportation, and prevalence of survival sex as a coping mechanism.²²⁰ The COVID-19 pandemic also exposed the level of family violence in Brazil: in 2020, an estimated 17 million women and girls suffered some type of violence in Brazil,²²¹ and half occurred in the context of affective and family relationships.²²² About 45

[217] Principle of the Best Interest of the Child, as per article 3 of the United Nations Convention on the Rights of the Child (1989).
 [218] Pursuant to Article 86 of the Brazilian Child and Adolescent Statute, the Rights Guarantee System is the public service policy network for children and adolescents, implemented through actions and programmes involving governmental and non-governmental entities.
 [219] UNFPA, Minimum interagency standards for emergency gender-based violence programmes, 2019. Available from the Gender-Based Violence Area of Responsibility: <https://gbvaor.net>.
 [220] UNHCR, Action Against Sexual and Gender-Based Violence: An Updated Strategy, 2011, p. 16: <https://www.unhcr.org/protection/women/4e1d5aba9/unhcr-action-against-sexual-gender-based-violence-updated-strategy.html>.
 [221] Brazilian Public Security Forum: <https://forumseguranca.org.br/anuario-brasileiro-seguranca-publica/>.
 [222] S. Bueno et al., Visible and invisible: The victimization of women in Brazil, 3rd. edition, 2021: <https://dssbr.ensp.fiocruz.br/wp-content/uploads/2021/06/relatorio-visivel-e-invisivel-3ed-2021-v3.pdf>

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

The COVID-19 pandemic and its consequences increased the vulnerability of refugees and migrants to human trafficking and protection risks associated with smuggling. Increased irregular entry into Brazil since the pandemic and the lack of documentation for refugees and migrants have hindered their

access to the formal labour market and essential protection services,²²⁶ increasing the risks of refugees and migrants from Venezuela to exploitation, abuse and/or violence by criminal networks, such as human trafficking and smuggling networks. In particular, there is evidence of an increase in human trafficking for labour exploitation among Venezuelan refugees and migrants in recent years.²²⁷ However, both human

[223] UNFPA, UNHCR, European Union, Gender, Nationality and Race/Ethnicity Violence in Two Cities in Roraima (Executive Summary), October 2020: https://brazil.unfpa.org/sites/default/files/pub-pdf/violencia_de_genero_nacionalidade_e_raca-etnia_em_duas_cidades_de_roraima.pdf.
 [224] Ibid.
 [225] Brazilian Public Security Forum, Closeted Rights: LGBT-Phobia and Racism: <https://forumseguranca.org.br/wp-content/uploads/2021/07/5-direitos-trancados-no-armario-lgbtphobia-e-racismo-no-brasil.pdf>
 [226] IOM, Diagnostic on the Situation and Incidence of Human Trafficking in Humanitarian Contexts in South America, June 2020: <https://repositoryiom.org/handle/20.500.11788/2301>
 [227] Ibid p. 36.

trafficking and smuggling remain under-reported due to their clandestine nature, and are as such difficult to address.

Regarding human trafficking, according to civil servants and humanitarian actors involved in providing assistance to Venezuelan refugees and migrants, the highest vulnerability factors for exploitation among this group include the lack of employment opportunities (85 per cent), difficulties in meeting food and shelter needs (66 per cent), and lack of awareness on trafficking (65 per cent)²²⁸. Women are more vulnerable to human trafficking, followed by UASC, children and adolescents in general, and LGBTQI+ persons.²²⁹ Finally, lack of specialized personnel and/or units within public institutions hinders the response capacity to support victims and prevent the occurrence of human trafficking.²³⁰

RESPONSE STRATEGY

The implementation of public policies and preventive actions, as well as the strengthening of coordination mechanisms at the sub-national, national and regional levels, are critical activities to reduce the risk of human trafficking and smuggling of refugees and migrants from Venezuela and increase the resilience of affected host communities. The priorities for the Sub-sector are to:

- Improve the access of victims of trafficking (VoTs) or those at risk of human trafficking and/or victims of abuse and violence at the hands of smugglers to timely identification, protection and assistance services, from an AGD perspective.
- Foster capacity-building to counter human trafficking as well as smuggling of refugees and migrants from Venezuela, targeting service providers, government officials, and

justice and public security institutions, and support the establishment and improvement of inter-institutional mechanisms, with a focus on prevention, identification, assistance, protection, and criminal prosecution.

- Ensure that refugees and migrants from Venezuela and their host communities have access to information on the prevention of human trafficking, including during the internal relocation process.

The Trafficking and Smuggling Sub-sector will work to complement the services provided across the country by government institutions, providing training and strengthening structural and operational capacities. Comprehensive, specialized and targeted assistance will be provided through a victim-centred approach, addressing the specific needs of people impacted by exploitation, abuse and violence. Response modalities will include psychological support and in-kind assistance to address immediate and medium-term needs. In addition, a key priority will be to focus on initiatives that support access to regularization procedures.

Together with public institutions, the Sub-sector will run awareness-raising campaigns, hold information sessions, and produce culturally adapted information materials that are critical to strengthening community resilience. It will also promote the exchange and dissemination of information on the dynamics of trafficking and smuggling of refugees and migrants, to contribute to improve reporting and visibility of the two phenomena. Finally, the Sub-sector will strengthen the capacity of R4V partners to identify victims of trafficking, exploitation and abuse through trainings organized in collaboration with the Protection Sector, Child Protection and GBV Sub-sectors.

around 6,000 people are reported to be homeless or living in spontaneous settlements.²³² While the Operation Welcome relocation programme (*interiorização*) is the main exit strategy from collective shelters in border states, 27 per cent of refugees and migrants in collective shelters say that they would prefer to stay close to Venezuela,²³³ thus creating a need for alternative solutions in these border areas.

Elsewhere in the country, access to adequate and secure housing with basic WASH facilities and accessibility for persons with disabilities is also a challenge, due especially to a 36 per cent rise in rental prices²³⁴ in the past year, but also due to a lack of information on national housing legislation, and discrimination and xenophobia among landlords, resulting in unfair rental fees and evictions.^{235,236}

RESPONSE STRATEGY

The Shelter Sector will maintain its focus on the shelters (*abrigos*) in the states of Roraima, Amazonas and Pará, as well as transit houses (*casas de passagem*) and reception centres in other states for people relocated through interiorization or moving south by their own means. As such, the Sector's priorities will be:

1. Providing access to an adequate temporary shelter response for refugees and migrants from Venezuela through collective and individual solutions, including reception spaces and rental assistance, as well as distribution of essential shelter and household items.
2. Increasing capacities of national authorities (national, state and municipal) and R4V partners to establish, maintain and manage shelters for refugees and migrants from Venezuela (including reception spaces, emergency and transitional structures, spontaneous settlements and transit houses) promoting active participation of the affected population, as well as direct support in infrastructure and site planning for temporary shelters in the context of Operation Welcome.

3. Supporting government authorities to develop shelter exit strategies for local integration, in accordance with humanitarian standards, and considering the protection and meaningful participation of indigenous people, LGBTQI+ persons, children, the elderly, women, and people with disabilities.

The environmental impacts of shelter provision in Roraima will be reduced by employing housing units adapted to the local climate and made from locally-sourced materials for increased sustainability. Sites will improve waste management by using organic waste to produce biofertilizer for vegetable gardens and aquaponic systems which provide fresh produce to residents.

Collaboration with the Protection Sector and the CwC/AAP and Indigenous Peoples Working Groups will aim to identify and respond to the needs of specific groups. The provision of services, capacity-building and information materials will be carried out jointly with the WASH, Food Security, Nutrition and Health Sectors. Collaboration with the Integration Sector and the Cash Working Group will be essential to conduct housing market assessments, elaborate shelter exit strategies and promote durable solutions for people living in reception spaces and spontaneous settlements.

SHELTER



PEOPLE IN NEED

103K



29.7%



32.1%



19.2%



19.0%



PEOPLE TARGETED

43.4K



29.7%



32.4%



19.1%



18.9%



TOTAL REQUIREMENTS

23.7M



RMRP PARTNERS

12

SECTOR LEADS

AVSI-IOM-UNHCR

PRIORITY NEEDS

Shelter is a priority need among refugees and migrants in Brazil: 34 per cent of Venezuelan households report not knowing where they will live the following month, which increases to 45 per cent of those who arrived since January 2021.²³¹

Most refugees and migrants from Venezuela arrive to the states of Roraima, Amazonas and Pará in precarious conditions and in urgent need of shelter and humanitarian assistance. In Roraima, as of September 2021, despite the overall capacity of Operation Welcome to shelter approximately 10,000 people, and rental assistance being provided by R4V partners,

[228] UNODC, Brazil Situational Report: Trafficking in Persons in Mixed Migratory Flows, especially Venezuelans. 2020, p. 29: https://www.unodc.org/documents/lpo-brazil/Topics_TIP/Publicacoes/Relatorio_Situacional_Brasil_T4T.pdf.

[229] Ibid p. 29.

[230] Ibid p. 38.

[231] R4V Brazil JNA, November 2021. Publication forthcoming.

[232] IOM, População refugiada e migrante fora de abrigos em Boa Vista, September 2021: <https://brazil.iom.int/sites/brazil/files/Publications/OIM-0921-informe-desabrigados-boa-vista-rodoviaria-acolhida-1.pdf>

[233] UNHCR, Autonomia e integração local de refugiados(as) e migrantes venezuelanos(as) acolhidos(as) nos abrigos em Boa Vista (RR), 2020, p. 36: www.acnur.org/portugues/wp-content/uploads/2021/07/relatorio-operacao-acolhida-Final.pdf

[234] Rental price adjustments are based on the General Market Price Index (IGP-M, for its Portuguese acronym), calculated monthly by the IBRE (Brazilian Institute of Economics), an agency of the FGV (Fundação Getúlio Vargas). The index is based off of inflation in the price of products and services in a given period. Fundação Getúlio Vargas (FGV), IGP-M, May 2021: <https://portal.fgv.br/noticias/igpm-maio-2021>

[235] UNHCR, *Voices das Pessoas Refugiadas*, June 2021, p. 20-23: www.acnur.org/portugues/wp-content/uploads/2021/06/ACNUR-Relatorio-Vozes-das-Pessoas-Refugiadas-reduzido.pdf

[236] According to UNHCR's CVA monitoring in 2021, at least 17 per cent of cash assistance recipients could not pay their prior month's rent and were at risk of eviction.

WASH



PEOPLE IN NEED

109K

↑ 29.7% ↓ 32.1%
↑ 19.2% ↓ 19.1%



PEOPLE TARGETED

46.6K

↑ 26.5% ↓ 27.7%
↑ 22.9% ↓ 22.9%



TOTAL REQUIREMENTS

10.3M



RMRP PARTNERS

12

SECTOR LEADS

ADRA-UNICEF

PRIORITY NEEDS

According to a 2021 rapid needs assessment conducted in 47 locations among shelters, spontaneous settlements, indigenous communities, and rented housing units across 7 municipalities of Roraima, Amazonas and Pará in August 2021, 41 per cent of refugees and migrants from Venezuela lacked access to private toilets, 25 per cent lacked access to adequate handwashing facilities, 33 per cent lacked access to basic hygiene items, while 50 per cent reported shortages of soap, and 14 per cent of respondents reported children playing in close proximity to raw sewage, thereby exposed to significant health risks.²³⁷

In shelters, WASH infrastructure requires regular monitoring, including water quality and free residual chlorine tests, as well as facilities maintenance and upgrades to ensure appropriate public and environmental health conditions. In addition, shelters should be regularly provided with cleaning and hygiene materials and adapted to meet specific needs of children and adolescents, women, girls and LGBTIQ+ people, to ensure adequate menstrual hygiene management and other basic services.²³⁸

Regarding WASH in health and education institutions, only 47 per cent of primary public schools have access to piped sewerage, 30 per cent lack access to potable water,²³⁹ and in the states of Amazonas, Roraima, and Pará, WASH services and infrastructure were classified as insufficient in 46 per cent of 96 assessed health centres.²⁴⁰

RESPONSE STRATEGY

WASH interventions will target refugees and migrants from Venezuela and affected host communities (including indigenous populations) particularly in the states of Roraima, Amazonas and Pará. Priorities for 2022 are to:

1. Improve and maintain the WASH infrastructure in shelters, spontaneous settlements and communities, including shared and child-friendly spaces, with emphasis on the quality of services offered.

2. Promote strategies to prevent the spread of COVID-19 and other infectious and waterborne diseases.
3. Provide technical support to local WASH, education, and health authorities to reinforce their provision of essential public services, and to develop planning and monitoring systems in WASH services.

WASH partners will assess and propose robust, durable, and mobile WASH solutions for refugees, migrants, and affected host communities. Infrastructure activities in shelters and settlements include water and sanitation infrastructure construction, repairs and rehabilitation. Water treatment and water quality testing will be strengthened and complemented by wastewater and solid waste management. The Sector will promote actions to prevent disease transmission, including of COVID-19, by distributing hygiene kits and CVA, as well as through risk communication, community engagement and behavioral change strategies. The response will be designed together with communities (refugees, migrants and affected host communities) and adapted to their needs, considering the specific requirements of the most vulnerable groups.

The Sector will support municipalities to provide services in areas with large concentrations of refugees and migrants from Venezuela, including through the installation of safe water points, sanitation facilities, and handwashing stations in schools, guaranteeing a safe return for students, and in health and child-protection facilities. The Sector will train local authorities and service providers on quality standards with an AGD perspective, the use of the WASH-FIT diagnostic tool in health facilities, and the application of safe school reopening tools and approaches.²⁴¹

The Sector will coordinate with the Education, Health, Protection and Shelter Sectors, and the CwC and Indigenous Peoples Working Groups, to ensure the prioritization of communities, settlements, and reception centres with the greatest needs.

[237] UNICEF, Inter-sectoral Multi-partner Child-Focused Rapid Needs Assessment, August 2021. Publication forthcoming. Conducted in 47 locations in shelters, spontaneous settlements, among indigenous communities, and in rented housing units across 7 municipalities.

[238] UNICEF, COVID-19 Brazil Humanitarian Situation Report No. 1, 2021: <https://uni.cf/3DSGnBz>

[239] INEP, Censo de Educação Básica, Microdados. Brasília. 2020. <https://www.gov.br/inep/pt-br/aceso-a-informacao/dados-abertos/microdados/censo-escolar>

[240] UNICEF, Assessment of WASH (WASH FIT for Health Facilities), 2020. Unpublished.

[241] WASH FIT is a tool designed to help health care facilities improve quality of care through water, sanitation, and hygiene. For more information: <https://washfit.org/>

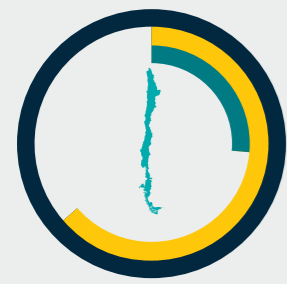


CHILE

AT A GLANCE



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POPULATION PROJECTION

562 K

PEOPLE IN NEED

481 K

PEOPLE TARGETED

159 K

VENEZUELAN IN DESTINATION

562 K

358 K

149 K

HOST COMMUNITY

-

123 K

9.28 K

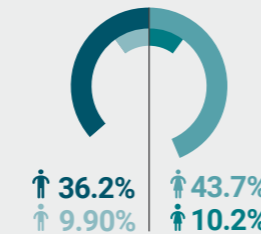
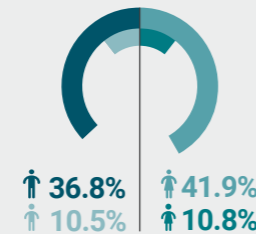
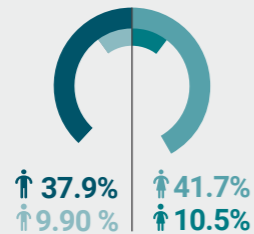
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GENDER DISAGGREGATION

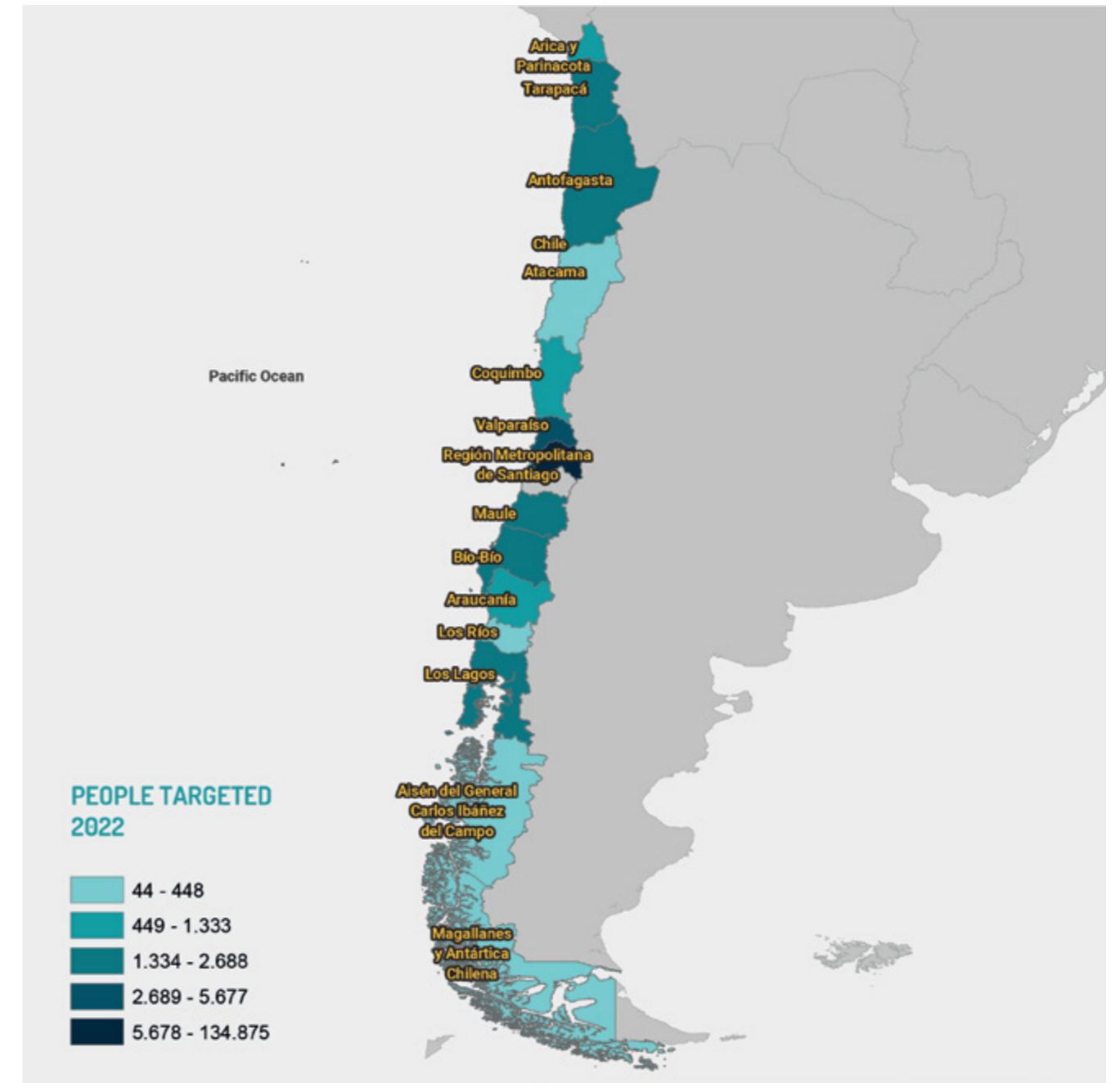


TOTAL REQUIREMENTS
\$59.5 M

RMRP PARTNERS
14

* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED



PROVINCE	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Región Metropolitana de Santiago	389 K	297 K	135 K	\$17.3 M
Valparaíso	43.4 K	40.5 K	5.68 K	\$1.02 M
Maule	18.9 K	19.6 K	2.69 K	\$252 K
Tarapacá	6.01 K	6.07 K	2.67 K	\$3.55 M
Antofagasta	11.5 K	11.5 K	2.58 K	\$525 K
Bío-Bío	21.6 K	24.9 K	2.38 K	\$399 K
Los Lagos	13.2 K	14.3 K	1.89 K	\$219 K
Coquimbo	12.9 K	13.7 K	1.33 K	\$162 K
Libertador General Bernardo O'Higgins	18.6 K	18.4 K	1.23 K	\$104 K

PROVINCE	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Araucanía	6.46 K	10.9 K	1.09 K	\$158 K
Arica y Parinacota	4.19 K	4.23 K	832	\$581 K
Los Ríos	2.69 K	4.42 K	448	\$42.1 K
Ñuble	5.12 K	6.68 K	418	\$35.5 K
Atacama	3.89 K	4.53 K	199	\$41.1 K
Magallanes y Antártica Chilena	3.54 K	3.41 K	189	\$16.3 K
Aisén del General Carlos Ibáñez del Campo	1.10 K	1.41 K	44	\$4.24 K

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	International NGOs	National NGOs / CSOs [†]	Others ^{††}	UN Agencies
Financial requirements	-	1.22%	2.60%	96.2%
Organizations	-	4	3	7

[†] Civil Society Organizations.
^{††} Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)	Targeted In need	People targeted	Financial requirements (USD)	Partners
Education	196 K		5.73 K	1.91 M	5
Food Security	211 K		50.6 K	3.57 M	4
Health	160 K		5.92 K	2.82 M	6
Humanitarian Transportation	211 K		300	150 K	1
Integration	388 K		47.3 K	12.1 M	10
Nutrition	340 K		-	-	-
Protection*	442 K		40.1 K	10.8 M	8
Child Protection	154 K		540	364 K	4
Gender-Based Violence (GBV)	99.6 K		-	280 K	1
Human Trafficking & Smuggling	64.1 K		240	455 K	2
Shelter	110 K		54.4 K	7.13 M	4
WASH	157 K		42.8 K	7.50 M	3
Multipurpose Cash Assistance	-	-	50.8 K	10.2 M	3
Common Services**	-	-	-	2.22M	3

* This includes Support Spaces

** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



In 2021, Chile experienced challenging political dynamics that also directly impacted refugees and migrants from Venezuela. In particular, the increase of irregular entries through the northern borders, linked to border closures following the onset of the COVID-19 pandemic and related border management policies, resulted in greater protection risks for refugees and migrants from Venezuela.²⁴² Moreover, although the vaccination campaign against COVID-19 includes all foreigners in the country,²⁴³ and extends to those in an irregular situation,²⁴⁴ there are reports of refugees and migrants from Venezuela whose documents were not accepted²⁴⁵ representing a practical obstacle for full inclusion.

Despite border closures and lockdowns, refugees and migrants from Venezuela arrived in Chile seeking protection, access to

basic rights and services, and integration opportunities, at times propelled by pandemic-induced economic downturns in neighboring countries.²⁴⁶

Although the country's economy grew between 6 per cent and 7 per cent in 2021, this has not translated into employment growth: only half of the jobs lost in 2020 have been recovered to-date.²⁴⁷ Considering signs of deterioration of the labour conditions of refugees and migrants from Venezuela, the outlook for their reintegration and access to the formal labour market is concerning,²⁴⁸ the rate of informal employment has risen nationally by 5.3 percentage points over the pre-pandemic period, and an even greater increase of this indicator has been reported in the northern regions, where there was an increase of 15.5 percentage points.²⁴⁹

[242] Humanitarian Crisis in Northern Chile: Militarization and Expulsion of Migrants, Oxford University, Faculty of Law, 15 April 2021: <https://www.law.ox.ac.uk/research-subject-groups/centre-criminology/centreborder-criminologies/blog/2021/04/humanitarian>

[243] How Chile became the leader in vaccination against Covid-19 in Latin America, BBC News Mundo, 3 March 2021: <https://www.bbc.com/mundo/noticias-america-latina-56267103> also see Ministry of Health in Chile: "We are inoculating all refugees and migrants," Voice of America, 3 April 2021: https://www.vozdeamerica.com/a/america-latina_ministro-de-salud-de-chile-estamos-vacunando-todos-los-migrantes/6072868.html

[244] Ministry of Health will be available for everyone regardless of their immigration status, La Tercera, 3 February 2021: <https://www.t13.cl/noticia/nacional/paris-confirma-vacuna-covid-19-migrantes-rut-inscribirse-pasaporte-03-02-2021>

[245] The obstacles of migrants to access the vaccine against Covid-19, La Tercera, 30 April 2021: <https://www.latercera.com/la-tercera-sabado/noticia/las-trabaja-de-los-migrantes-para-acceder-a-la-vacuna-contra-el-covid-19/VJPQ07WZFRE3TEPHTQIOMS6MIQ/>

[246] The End of the "Chilean Dream"? Migrants Fight to Stay in a Country Where Doors are Closed, BBC News, 27 May 2021: <https://www.bbc.com/mundo/noticias-america-latina-56999711>

[247] Chile at two speeds: Economy recovers, employment stagnates, Pauta, 9 May 2021: <https://www.pauta.cl/economia/chile-2021-economia-reactivacion-empleo-estancamiento>

[248] Labour Approach n°6: Focus on the immigrant labour market in northern Chile, October 2021: https://ocec.udp.cl/cms/wp-content/uploads/2021/10/Enfoque-Laboral-6-VF_compressed.pdf

[249] Ibid.

The R4V National Platform's joint needs analysis (JNA)²⁵⁰ yielded key insights into the specific and overarching needs across all response sectors. It evidences an increase of theft, intimidation and exploitative practices committed against refugees and migrants from Venezuela reaching Chile; the suspension of administrative procedures for refugee status determination (RSD); and delays in visa renewal processes due to national lockdowns.²⁵¹ Around 73 per cent of refugees and migrants from Venezuela are in an irregular situation in Chile.²⁵² The JNA also highlighted that 13 per cent of Venezuelans in Chile live under the poverty line,²⁵³ that many work informally and are overqualified for jobs in which they often earn less than the minimum wage. There are also reports of discrimination and xenophobia in the workplace.²⁵⁴ Refugees and migrants from Venezuela's access to primary healthcare services, including mental health, is often restricted by limited capacities of health facilities, costs of medical expenses, and lack of information regarding the functioning of the health system.²⁵⁵

The JNA shows that 64 per cent of refugees and migrants from Venezuela in the northern regions are living in highly vulnerable conditions.²⁵⁶ However, the northern regions are mainly transit areas to most refugees and migrants, who choose to settle in the Metropolitan Region of Santiago. However, in this region, their living conditions remain difficult and characterized by high density housing,²⁵⁷ with precarious conditions and exposure to constant risks.

According to an R4V partner's report, 48 per cent of refugees and migrants from Venezuela in Chile are female and 52 per cent are male.²⁵⁸ There is a large cohort (55 per cent) of Venezuelans aged 18 through 29, a cohort (35 per cent) between 30 to 65,²⁵⁹ and a small percentage of people over 65 (2 per cent). Among the populations with specific needs are pregnant women, unaccompanied and separated children (UASC), people with disabilities, people with chronic illnesses, people living with HIV/AIDS, and LGBTQI+ people.

RESPONSE STRATEGY

Country Planning Scenario

The National Platform is expecting a moderate increase in the

number of refugees and migrants from Venezuela arriving to Chile in 2022. This analysis takes into consideration the political scenario and government policies towards Venezuelans that have been applied or have been under debate for the greater part of 2021, such as incidents of deportations,²⁶⁰ revisions to migration policies, health restrictions, and polarization around the presidential elections at the end of 2021.

The scenario has also considered possible effects of the implementation of new regulations related to refugees and migrants following the entry into force of the new Migration Bill in early 2022. Particularly, a regularization process affecting those who entered through official border points before 18 March 2020 is expected in 2022.²⁶¹ An increase in family reunification requests and procedures is also expected.

The National Platform in Chile will increase its efforts to support refugees and migrants from Venezuela as well as affected host communities in 2022, especially in the wake of xenophobic incidents and demonstrations having taken place in 2021, requiring complementary efforts by R4V actors, host communities and national authorities, in support of social cohesion and peaceful coexistence.

Scope of the Response and Priorities

R4V partners in Chile will prioritize the border areas with Bolivia and Perú for interventions. This includes Arica and Parinacota and Tarapaca regions, and the main destination locations of the Metropolitan Region of Santiago, Valparaiso, and Bío Bío, where over 80 per cent²⁶² of refugees and migrants from Venezuela are settled in Chile. At the same time, partners will also undertake activities in other areas of Chile where there are currently limited institutional capacities to respond to the needs of refugees and migrants from Venezuela. The response foresees the provision of humanitarian assistance, protection, access to healthcare, education, and promotes socio-economic and cultural integration.

The response strategy prioritizes the protection and socio-economic as well as cultural integration of refugees and migrants from Venezuela, including through the provision of technical support and assistance to local authorities.

Priorities in these areas will include strengthening initiatives to ensure refugees and migrants from Venezuela can enter Chile safely and access procedures to claim asylum, request family reunification visas, or regularize their migration status. Improving access to information is key to raising awareness of refugees' and migrants' rights. Partners will collaborate closely to prevent and mitigate protection risks among the most vulnerable population groups (e.g. women, UASC, LGBTQI+ persons), such as human trafficking, smuggling, sexual exploitation, labour exploitation, gender-based violence (GBV) and others. Finally, interventions will include an anti-xenophobia and anti-discrimination social media campaign to raise awareness among and sensitize members of the host community.

Additionally, the response will provide training on labour inclusion, financial support for regularization processes, access to and permanence in education, and inclusion in national social protection programmes to ensure livelihood opportunities for the Venezuelan population and their host communities. Furthermore, information on regularization and professional certification processes will be provided.

To address the immediate needs and expand Venezuelans' ability to enjoy their rights regarding healthcare, shelter, food and education, R4V partners will in particular improve effective access to medical emergency and primary healthcare, including mental health and psychosocial support (MHPSS); access to medication through cash and voucher assistance (CVA); and increase availability of information on health services for refugees and migrants. The response will further deliver shelter solutions for temporary emergency shelter and provide rental subsidies for the most vulnerable families as a longer-term shelter solution. To cover the immediate needs of the Venezuelan population and protect their well-being, R4V partners will deliver food and non-food items, including hygiene kits and warm clothes during the winter season. Children and their parents will be provided with information about enrollment in the public education system in Chile, regardless of their

situation in-country. Partners will provide technical assistance for the recognition of academic diplomas and qualifications, as well as deliver tablets to refugees and migrants to facilitate their participation in virtual learning modalities.

To define the target population, the results of the JNA were considered, combined with available data and information published by the Government of Chile, including the results of a Pandemic 2020 survey²⁶³ and recent studies by R4V partners. The results were validated by each Sector co-lead and were presented in planning workshops with the aim of using these indicators for the definition of the target population. Finally, the number of refugees and migrants from Venezuela targeted to receive assistance was aligned to the strategic objectives and planning of activities of each Sector.

Response Principles

Considerations related to gender, accountability to affected populations (AAP), and centrality of protection were assessed during the development of this Response Plan. All R4V partners in Chile completed the Gender with Age Marker (GAM), in a total of 14 submissions during the planning phase, pursuant to which all R4V partners' activities will incorporate actions to reduce gender inequality.

Accountability to refugees and migrants from Venezuela constitutes a cornerstone of the Response Plan, and all partners will work closely to ensure that assistance is targeted to reach the most vulnerable members of the affected population. To achieve this, by 2022 the R4V National Platform in Chile will seek to establish a working group with all R4V partners to ensure that response efforts are aligned with the results of consultations carried out with refugees and migrants from Venezuela. Likewise, the Platform's work will focus on putting affected communities at the centre to provide a timely, safe and meaningful humanitarian response. In relation to PSEA, tools will be designed working together with the R4V regional PSEA focal points.

[250] R4V Chile, Joint Needs Assessment, 2021. Publication forthcoming.

[251] IOM Chile, Displacement Tracking Matrix (DTM) 5th Round, March 2021: <https://dtm.iom.int/reports/chile-%E2%80%94-monitoreo-de-flujo-de-poblaci%C3%B3n-venezolana-5-marzo-2021>

[252] IOM Chile, Displacement Tracking Matrix (DTM) 5th Round, March 2021: <https://dtm.iom.int/reports/chile-%E2%80%94-monitoreo-de-flujo-de-poblaci%C3%B3n-venezolana-5-marzo-2021>

[253] CASEN Pandemic Survey 2020, Ministry of Social Development and Family, July 2021: www.ministeriodesarrollosocial.gob.cl

[254] Ibid.

[255] PAHO, Immigration in Chile: A multidimensional view, Chapter 5: Health inequalities and gaps in access between locals and migrants, 2019: <https://healthmigration.paho.org/handle/123456789/533>

[256] Antofagasta, Iquique, Arica and Parinacota.

[257] 65 per cent of refugees and migrants who arrive in Iquique then travel to Santiago (Metropolitan Region), El Día National Press, 28 September 2021. Print version.

[258] IOM Chile, Displacement Tracking Matrix (DTM) 5th Round, March 2021: <https://dtm.iom.int/reports/chile-%E2%80%94-monitoreo-de-flujo-de-poblaci%C3%B3n-venezolana-5-marzo-2021>

[259] Ibid.

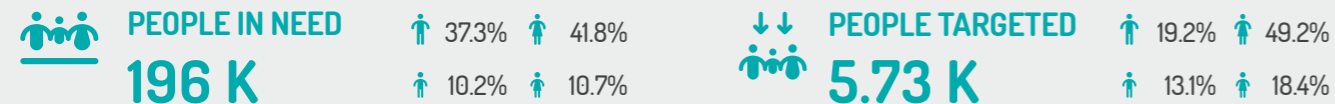
[260] In February 2021, the Interior Minister, Raul Delgado launched the "Plan Colchane" that includes provisions for deportations. See Migration in Chile, March 2021: <https://www.migracionenchile.cl/delgado-impulsa-plan-colchane-y-se-inicia-expulsion-de-los-primeros-100-extranjeros/>

[261] Government of Chile, Migratory Regularization 2021, Chile Atiende, 4 November 2021: <https://www.chileatiende.gob.cl/fichas/91519-regularizacion-migratoria-2021>

[262] According to data obtained by the R4V National Platform in Chile from the persons in-need (PIN) and population projection calculations during the Joint Needs Assessment process.

[263] CASEN Pandemic Survey 2020, Ministry of Social Development and Family, July 2021: http://observatorio.ministeriodesarrollosocial.gob.cl/storage/docs/casen/2020/Resumen_de_resultados_de_Pobreza_por_Ingresos_y_Distribucion_de_Ingresos.pdf

EDUCATION



PRIORITY NEEDS

Despite efforts by the Government of Chile and the Ministry of Education (MINEDUC) to include refugees and migrants in the education system, through the Provisional School Identifier (IPE for its Spanish acronym)²⁶⁴ regardless of their situation in-country, there are still unmet needs regarding access to education for refugees and migrants from Venezuela. First, the lack of inclusive and equitable access for refugees and migrants from Venezuela to formal education (11.9 per cent do not attend school²⁶⁵) demonstrates a significant inequality in the current COVID-19 pandemic context compared to the host community. Among the main causes of this is the lack of an intercultural perspective on education,²⁶⁶ unequal access to scholarships, as well as administrative barriers to access state benefits and lack of training for teachers and educational actors in order to prevent and address xenophobia.²⁶⁷ Second, Venezuelan students lack regular internet connectivity²⁶⁸ and technology needed to participate in distance learning, preventing them from accessing online education during the closure of schools in the context of the pandemic. Moreover, the interruption in the provision of school meals²⁶⁹ has negatively affected the nutritional situation of many refugee and migrant students. Finally, the lack of recognition of foreign academic degrees and certificates of refugee and migrant students from Venezuela, due to problematic certification mechanisms and the high costs associated with these processes, hinder access to further educational or employment opportunities.

RESPONSE STRATEGY

The Education Sector response for 2022 will focus on providing specialized technical assistance at the national level to improve Venezuelan refugees' and migrants' access to the education system. These initiatives will be implemented through advocacy with the government, focusing on addressing the obstacles to accessing state benefits linked to the education system, such as school passes, school insurance and scholarships for food and school books and texts;²⁷⁰ close coordination with the MINEDUC in the Regional Monitoring System for students in-transit; and establishing a reception centre in the cities of Colchane and Iquique, in coordination with the MINDES, where information and support will be provided to refugee and migrant households from Venezuela about effective access to the national school system.

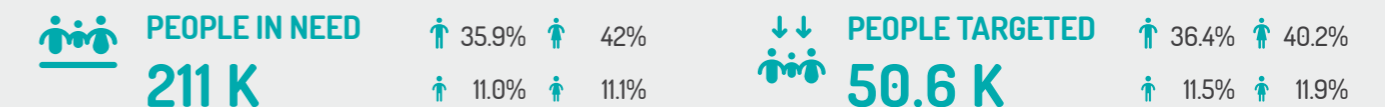
Regarding access to alternative and distance education modalities, tablets and internet connectivity devices will be delivered to children and adolescents, as will educational kits (e.g. tablets, notebooks, pen and pencils) to refugee and migrant students in different regions of Chile, focusing primary on the reception centres²⁷¹ located in the cities of Colchane and Iquique, which will be a space which families with children can use as a day transit centre while they wait for their transfer to their next and, in some cases, final destination. Also, advocacy activities will be carried out in close coordination with MINEDUC to promote programmes that focus on refugee and migrant children who are falling behind in their education.

- [264] The Provisional School Identifier (IPE) is a unique number given by the Ministry of Education (Mineduc) to foreign children and adolescents of school age, who do not have a RUN, and who wish to join the Chilean school system – more information at: <https://www.chileatiende.gob.cl/fichas/49443-identificador-provisorio-escolar-ipe-e-identificador-provisorio-del-apoderado-ipa-para-personas-extranjeras>
- [265] CASEN Pandemic Survey 2020, Ministry of Social Development and Family, July 2021: <http://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-casen-en-pandemia-2020>
- [266] UNESCO, Right to education under pressure: Main challenges and innovated actions in the educational response for mixed migratory flow of the Venezuelan Population in Chile, 2021: <https://unesdoc.unesco.org/inicio>
- [267] Ibid.
- [268] CEPAL-UNESCO, Report: Education in COVID-19 pandemic times, August 2020: <https://repositorio.cepal.org/bitstream/handle/11362/45904/1/S2000510-es.pdf>
- [269] For a description of the problem in Chile, see: CIPER, 19 thousand students with malnutrition signs: Stories that are lived in schools where cases increased, May 2021: <https://www.ciperchile.cl/2021/05/06/19-mil-escolares-con-senales-de-desnutricion-las-historias-que-se-viven-en-las-escuelas-donde-aumentaron-los-casos/>
- [270] Jesuit Migrant Service (SJM), Migrants' Right to Education: Information Guide for Migrants' Families, 2020: <https://sjmchile.org/wp-content/uploads/2020/08/brochure-libro-centrado.pdf>
- [271] The first reception centre will be a project in coordination with the Ministry of Social Development and Family and the Child Protection Sub-sector as a response for refugee and migrant children who arrive in Colchane in very vulnerable conditions and require humanitarian assistance (food, hygiene kits, information, and health services).

To address barriers for the recognition of foreign academic degrees, professional certificates and vocational training, informative online workshops will be held on recognition and validation processes; preparatory courses for taking validation exams, especially in medicine, law and pedagogy will be provided to refugees and migrants; and advocacy will be conducted with the incoming Government of Chile to sign on to the Regional Agreement for the Recognition of Higher Education Studies, Degrees and Diplomas in Latin America and the Caribbean.²⁷²

The response strategy contemplates activities in coordination with the Integration Sector to jointly address issues with the recognition of academic degrees and professional and vocational certificates. Meanwhile, activities regarding children and adolescents' protection will require a joint effort with the Child Protection Sub-sector, especially in the implementation of the reception centres and the provision of safe education spaces free of xenophobia and discrimination.

FOOD SECURITY



PRIORITY NEEDS

The main barriers for refugees and migrants from Venezuela – both in-destination and in-transit – to secure regular and sufficient quantities of healthy food are low income and high living costs. During the pandemic, the percentage of refugees and migrants in the five most vulnerable deciles in terms of income went from 39 to 46 per cent.²⁷³ This is explained by a 14 per cent decrease in earnings for refugee and migrant workers²⁷⁴ and by this population receiving, in proportion, less state aid²⁷⁵ during the pandemic than Chileans.²⁷⁶ More than half of lower-income households in Chile spend over 40 per cent of their income on rent.²⁷⁷ With the costs of basic services in 2021 rising,²⁷⁸ compounded by the observation that refugees and migrants from Venezuela are paid an average of 28 per cent less than Chileans,²⁷⁹ food has become less affordable

for many refugees and migrants.²⁸⁰ The situation tends to be more precarious for those in the north of the country, where 14 per cent of the refugee and migrant population from Venezuela resides,²⁸¹ and for those who recently entered the country. Refugees and migrants from Venezuela arrive with few resources and uncertain prospects, with 19 per cent having had to reduce their food portions and 14 per cent having ran out of food entirely during their travels to reach the country, according to an R4V partner's monitoring exercise conducted in the Tarapacá region in Chile.²⁸² Given these conditions, refugees and migrants from Venezuela resort to poor eating habits by consuming high-calorie low-nutrition inexpensive food items, compounding their vulnerability to negative effects of inadequate diets.²⁸³

- [272] UNESCO, Regional Agreement for the Recognition of Higher Education Studies, Degrees and Diplomas in Latin America and the Caribbean: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/UNESCO_C_LAC.pdf
- [273] Servicio Jesuita de Migrantes, Report1 - CASEN and Migration: A characterization of poverty, employment and social security of the migrant population, 2021: https://www.migracionenchile.cl/wp-content/uploads/2021/10/Informe-CASEN_compressed-2.pdf
- [274] Ibid. This is mainly due to an increase in the refugee and migrant workforce with higher education who could not access jobs commensurate with their qualifications.
- [275] Family Income for Emergency (IFE). More information available at: <https://www.ingresodeemergencia.cl/>
- [276] Servicio Jesuita de Migrantes, Report1 - CASEN and Migration: A characterization of poverty, employment and social security of the migrant population, 2021: https://www.migracionenchile.cl/wp-content/uploads/2021/10/Informe-CASEN_compressed-2.pdf
- [277] OCDE, More than half of low-income households in Chile spend over 40 per cent of their income on rent, 17 June 2021: <https://infoinvi.uchilefau.cl/ocde-mas-de-la-mitad-de-hogares-de-menores-ingresos-de-chile-gastan-sobre-40-de-sus-ingresos-en-arriendo/>
- [278] In August 2021, the Consumer Price Index (CPI) recorded a monthly increase of 0.4 per cent, accumulating 3.2 per cent and 4.8 per cent at twelve months for shelter, basic services, restaurants and hotels. Instituto Nacional de Estadísticas (INE), 8 September 2021.
- [279] The average salary for Chileans was found to be USD 860 and for Venezuelans USD 620. CASEN Pandemic Survey 2020, Ministry of Social Development and Family, July 2021: <http://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-casen-en-pandemia-2020>
- [280] The cost of the basic food basket in January 2021 was USD 60. Ministry of Social Development and Family, Valor de la Canasta Básica de Alimentos y Líneas de Pobreza, January 2021: http://observatorio.ministeriodesarrollosocial.gob.cl/storage/docs/cba/nueva_serie/2021/Valor_CBA_y_LP_s_21.01.pdf
- [281] Population Estimates. National Institute of Statistics (INE) and Foreign and Migration Department (DEM): <https://www.ine.cl/prensa/2021/08/27/el-61-9-de-la-poblacion-c3%B3n-extranjera-que-vive-en-chile-se-concentra-en-la-regi%C3%B3n-metropolitana>
- [282] IOM Chile, Displacement Tracking Matrix (DTM) 5th Round, March 2021: <https://dtm.iom.int/reports/chile-%E2%80%94-monitoreo-de-flujo-de-poblacion-c3%B3n-venezolana-5-marzo-2021>
- [283] Ministry of Health, National Survey of Food Consumption, January 2021: <https://www.minsal.cl/sites/default/files/ENCA.pdf>

RESPONSE STRATEGY

The response strategy of the Food Security Sector in Chile will prioritize meeting urgent food-consumption needs of refugees and migrants from Venezuela to prevent hunger and malnutrition. Partners will provide direct food assistance across the country to those settled in Chile, as well as to those in-transit. Food assistance will be delivered both in-kind, for those in shelters or in health quarantine facilities, and through cash or voucher assistance (CVA) for those identified to have unencumbered access to markets. These activities are also designed to ensure that those with specific protection needs, such as children, pregnant and lactating women, and people with serious diseases or disabilities, who are not able to address their food needs through national social protection programmes, due to their legal status, are prioritized to receive assistance.

Advocacy will be conducted with authorities at all administrative levels to include refugees and migrants in national social protection networks, which will have long-term positive impacts for refugees and migrants, freeing up some of their household budgets for other expenses and allowing for the humanitarian response to invest more of its resources on the nutritional aspects of food consumption habits. Furthermore, a study will be conducted to improve information on the specific food security situation of refugees and migrants from Venezuela in Chile; this activity will require coordination with other Sectors such as Integration and Education.

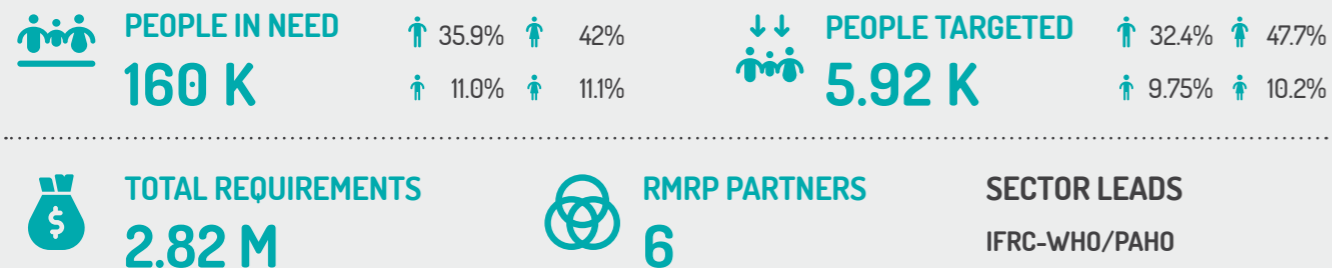
including psychosocial support; develop communication campaigns on the prevention of COVID-19, influenza and other communicable diseases, mental health and self-care; and implement trainings and workshops for refugees and migrants on sexual and reproductive health, prevention and management of HIV / sexually transmitted infections (STIs).

2. Improve communication channels for emergency care assistance for consultation and guidance on health rights, including mental health and emergency care for refugees and migrants.
3. Conduct a survey in coordination with the Ministry of Health on the effective use of health services by refugees and migrants in Chile. This will serve to improve the Sector response, and contribute to improved coordination of health activities between public institutions and R4V actors.

The Sector's response will focus on promoting access and use of health services by refugees and migrants from Venezuela, especially for those in vulnerable conditions (pregnant women, children, and carriers of sexually transmitted infections). Additionally, capacity-support to the national health system will be implemented through the provision of equipment, human resources and medical supplies; education and training of health staff; and the development of advocacy strategies, including information and awareness campaigns.

Response activities will be developed at the national and local levels with a greater presence of refugees and migrants from Venezuela, such as the Metropolitan Region, Valparaíso, Antofagasta, Atacama, Biobío, Coquimbo, La Araucanía, Tarapacá and Arica-Parinacota. Intersectoral collaboration will be implemented with the Protection Sector (and its Child Protection and GBV Sub-sectors) concerning activities focusing on healthcare for minors and women who have been victims of abuse.

HEALTH



PRIORITY NEEDS

The Chilean Government is committed to guaranteeing access to healthcare for all refugees and migrants regardless of their situation in-country. Since 2003, the Ministry of Health has taken special protection measures for foreign nationals, especially for pregnant women. Progress has been made to provide free access to healthcare for refugees and migrants from Venezuela. 14.2 percent of the Venezuelan population have had some medical treatment in 2021.²⁸⁴ Regarding access to medical services, data from the Ministry of Social Development and Family showed that 11 percent of refugees and migrants do not have any medical insurance,²⁸⁵ leading to a financial barrier for health access, while other factors further affect access to the health system. Among them is the lack of information by refugees and migrants on access to available healthcare services,²⁸⁶ fear of being discriminated against, administrative requirements, concerns about resulting financial costs, and a tendency to postpone medical care amidst competing priorities and needs, such as finding a job or housing.²⁸⁷

Most refugees and migrants from Venezuela arrive to Chile through unofficial border points, facing grave health and protection risks. According to reports from an R4V partner, 20 percent of refugees and migrants from Venezuela received medical assistance in the northern regions in 2021.²⁸⁸

RESPONSE STRATEGY

Considering the health needs of refugees and migrants from Venezuela identified by R4V partners, and the resources and response capacities of the national health system, the three response priorities of the Health Sector are to:

1. Facilitate access to primary healthcare, including mental health, by preparing and disseminating information for refugees and migrants on administrative procedures and formalities for refugees and migrants to access health services; strengthen the capacities of local health services to meet the needs of the refugee and migrant population through an intercultural approach; provide direct assistance to refugees and migrants from Venezuela,

[284] CASEN Pandemic Survey 2020, Ministry of Social Development and Family, July 2021: <http://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-casen-en-pandemia-2020>

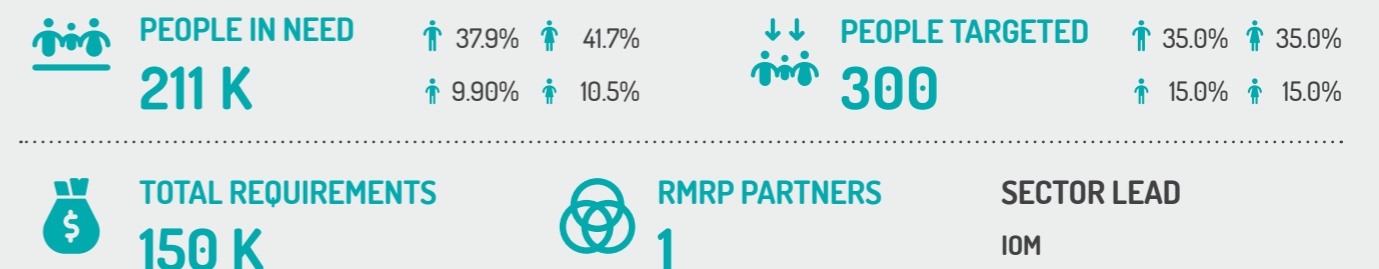
[285] Ibid.

[286] PAHO, Immigration in Chile: A multidimensional view, Chapter 5: Health inequalities and gaps in access between locals and migrants, 2019: <https://healthandmigration.paho.org/handle/123456789/533>

[287] Ibid.

[288] UNHCR, High Frequency Survey, November 2021: <https://www.r4v.info/es/document/encuesta-de-alta-frecuencia-venezolanos-en-chile-2021>.

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

Government travel restrictions and closed borders, due in part to the COVID-19 pandemic, have driven refugees and migrants from Venezuela to use unofficial border points. Upon arrival, those who lack the means to pay for safe transportation are forced to walk long distances in extreme weather conditions and expose themselves to risks such as robberies, scams, and family separation. Some travel using informal transportation²⁸⁹ and remain exposed to criminality, including smuggling and trafficking.²⁹⁰

In addition, throughout 2021, all persons entering Chile who self-reported to the authorities have had to adhere to strict health procedures, which include 5-to-7-day quarantines. Only after this period, and in possession of a medical clearance document, have refugees and migrants been able to purchase

tickets to resume their journeys.²⁹¹ Those who do not follow these procedures, or lack the financial means to pay for formal transportation, usually wait on the streets until they identify an affordable means of irregular transportation (such as spaces of commercial transportation trucks), so to avoid control points by national authorities, where those without valid documentation and medical clearance documents face arrest.²⁹² Priority needs therefore include improving access to information for refugees and migrants on administrative procedures and requirements for movement in the country, and support to official initiatives that offer safe transportation.

RESPONSE STRATEGY

Sector partners will strengthen the humanitarian transportation response by improving access to safe and dignified means of transport for refugees and migrants from Venezuela that minimize their exposure to risks and hazards during their

[289] Carabineros arrested a bus driver in Colchane for migrant smuggling, La Tercera, September 2021: <https://www.latercera.com/nacional/noticia/carabineros-detuvo-a-conductor-de-bus-en-colchane-por-trafico-de-migrantes/U662HNKLMSE2TBE470DJB7MRJM/>

[290] Migration Crisis: Carabineros detect that 80 per cent of those who entered through illegal routes did so through the Tarapacá Region, La Tercera, September 2021: <https://www.latercera.com/la-tercera-pm/noticia/crisis-migratoria-carabineros-detecta-que-el-80-de-quienes-ingresaron-por-pasos-ilegales-lo-hizo-por-la-region-de-tarapaca/GX4SA3LYHVEFLBHEHVBX23CRLU/>

[291] Regular bus lines are only allowed to sell tickets to clients who produce the required medical clearance paperwork.

[292] Information collected during a R4V partner visit to the region of Tarapacá from 18 - 20 October 2021. Some families arriving in the city of Colchane negotiate with drivers of irregular transports for transfers to the city of Iquique, claiming that if they waited, the police would arrest them.

journeys. In this regard, R4V partners will improve information among refugees and migrants by preparing and disseminating key messages about the use of formal and safe transportation. This will include support to meeting national requirements, including quarantine processes. This will be carried out in border areas of the country such as Tarapacá, Arica and Parinacota and Antofagasta.

Moreover, R4V partners will provide direct support for transportation through cash and voucher assistance (CVA), including cards and money transfers. This will enable refugees

and migrants from Venezuela to purchase regular bus tickets, and thus avoid either long, risky journeys on foot or using irregular transportation.

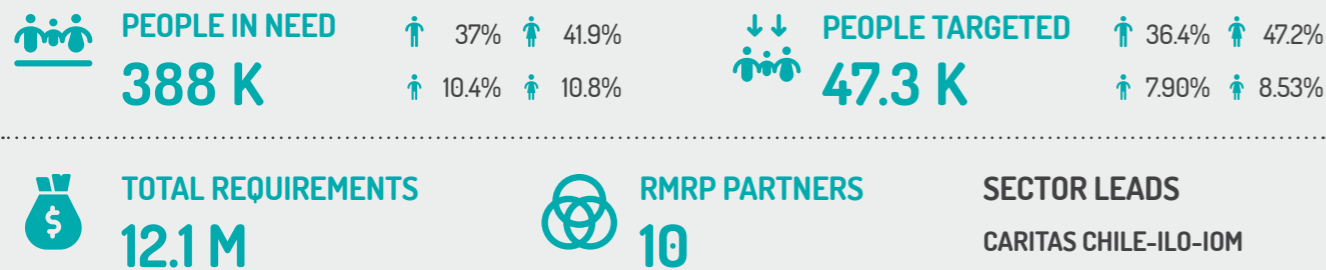
To carry out the response in an integrated manner, coordination with local and regional authorities and other R4V Sectors, such as Protection and Health, will be strengthened, with a special focus on cases in which transportation is needed for family reunification purposes. This type of support will be targeted to the northern areas of the country where the main entry points used by Venezuelan refugees and migrants are located.

based on the results of labour market research that will provide an indication of which economic sectors have the greatest potential for success of new small businesses.

An integral part of the response will be advocacy and technical support to authorities, when needed, for recognition of titles and degrees. This intervention will be conducted in close coordination with the Education Sector and will aim to achieve an accreditation policy that facilitates validation of prior degrees

and credentials at all educational and professional levels. Lastly, partners will conduct studies to gather information to understand the integration situation of refugees and migrants in the country, and promote integration activities with host communities, including the private sector, labour unions and employer's organization.

INTEGRATION



PRIORITY NEEDS

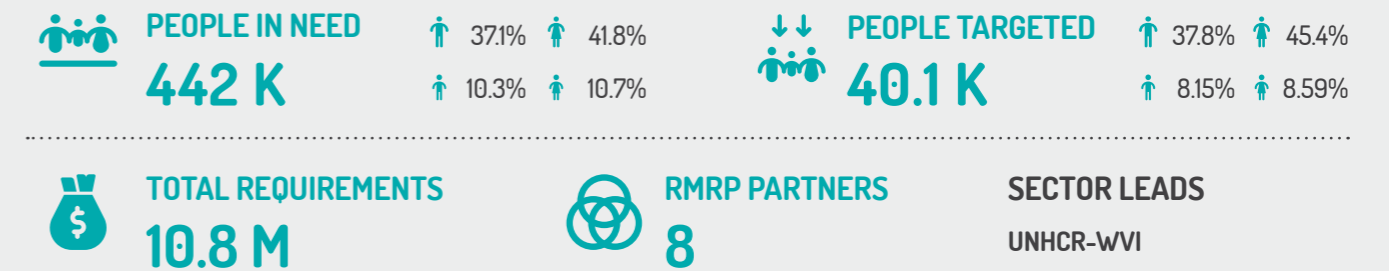
The most pressing need of the growing number of refugees and migrants from Venezuela seeking protection and longer-term integration opportunities in Chile is access to reliable and decent work, which is particularly important considering that Chile is a country of destination. Among the barriers to achieve this objective are a lack of information regarding labour opportunities, high costs of professional training, and the often unclear and costly processes of professional and academic accreditation.²⁹³ Moreover, misconceptions and inaccurate information regarding the Venezuelan population in Chile has led to discrimination in the workplace: 34.9 per cent of surveyed refugees and migrants from Venezuela have felt discriminated against in the workplace due to their nationality and legal status.²⁹⁴ Taken together, these issues have resulted in a reduction of refugees' and migrants' ability to find work in the formal sector, increasing informality, with fewer labour protections. An October 2021 study estimates an 8 per cent increase on average since February 2020 in engagement in informal work among refugees and migrants in the northern regions, and 36.2 per cent in salaries lower than the minimum wage.²⁹⁵ Furthermore, 62.5 per cent of those with a university degree are performing low-skilled jobs and/or are exposed to poor working conditions.²⁹⁶

RESPONSE STRATEGY

One of the causes identified for the high level of refugees' and migrants' engagement in informal work is the lack of information available on formal work opportunities. To remedy that, Integration Sector partners will focus on creating better and more widely accessible communication channels between refugee and migrant job seekers and potential employers. The Sector will aim to secure a large and sustained adoption of these communication channels by the host community, especially by the private sector, and will leverage non-traditional media to expand reach and permeability. This will be done in tandem with market research to identify trends and to guide refugees and migrants towards the sectors most in need of labor. Direct support to refugees and migrants from Venezuela will include the provision of CVA for professional training, and provision of information about other sources of financial support.

Another avenue of the Integration Sector response will focus on enhancing the potential for self-reliance by refugees and migrants through support for the creation of small businesses. To this end, seed capital will be provided to qualifying refugees and migrants from Venezuela. R4V partners will identify those with the adequate skills, especially targeting women and youth, and provide them with the appropriate financial and technical training. This initiative will be designed and implemented

PROTECTION



PRIORITY NEEDS

The main protection challenges for refugees and migrants from Venezuela in Chile relate to difficulties in accessing the territory and the lack of identification and adequate referral mechanisms for people in need of international protection and/or other forms of specialized protection. In addition, Venezuelans entering Chile through unofficial border points have no possibility to regularize their situation in order to access services and rights. During 2021, the government increased its administrative controls and presence along the northern border with military and law enforcement personnel, and implemented deportations of foreigners in irregular situations, including of more than 200 Venezuelans, drawing criticism from various stakeholders.²⁹⁷ In 2021 alone, it is estimated that over 23,600 refugees and migrants entered the country irregularly,²⁹⁸ including by using dangerous and remote routes in order to avoid detection by the authorities, out of fear of detention and deportation. Tragically reflecting the more dangerous travel, by October 2021, some 15 refugees and migrants, including one baby, had died on their journeys through the high-altitude deserts between Peru, Bolivia and Chile.²⁹⁹

Against the above background, an increase in cases of smuggling³⁰⁰ into the country has been observed, while refugees and migrants in the country report a lack of information on asylum and migratory regularization procedures.³⁰¹

RESPONSE STRATEGY

Out of an identified 358,084 persons in-need of protection assistance in 2021, the Protection Sector will target 50,000 refugees and migrants from Venezuela to receive support. Priority response areas will include addressing widespread irregularity through enhancing information and guidance on regularization initiatives available, including asylum procedures and migratory residencies and visas; improving access to accurate information about regularization procedures and rights; and advocating for access to territory.

Sector partners will advocate with national authorities to ensure the adoption of pragmatic protection mechanisms within existing administrative procedures, and to provide them with trainings on rights, information access and provision of services for refugees and migrants. Partners will provide technical support to the Constitutional Assembly to ensure that the draft Constitution contains a strong foundation for the protection of refugees and migrants in the country. In line with the commitments of the Quito Process, Sector partners will support the government to enhance secure access to the territory, refugee status determination (RSD) procedures, migratory regularization procedures, and basic services throughout the country for refugees and migrants.

[293] , Labour market insertion of professional Venezuelan immigrants in northern Chile: Precariousness and discrimination through the lens of migration policy, Rev. Interdiscip. Mobil. Hum., Brasilia, v. 29, n. 62, August 2021, p. 117-132.

[294] CASEN Pandemic Survey 2020, Ministry of Social Development and Family, July 2021: <http://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-casen-en-pandemia-2020>

[295] OCEC, Labour Approach n°6: Focus on the immigrant labour market in northern Chile, October 2021: <https://ocec.udp.cl/cms/wp-content/uploads/2021/10/Enfoque-Laboral-6-VF-compressed.pdf>

[296] Ibid.

[297] UN High Commissioner for Human Rights (UNHCHR), Chile: Arbitrary and collective expulsion of migrants must stop, 19 May 2021: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=27103&LangID=E>

[298] SJM Chile, Entry through unofficial border points in 2021 reached an all-time high, 6 September 2021: <https://simchile.org/2021/09/06/ingreso-por-paso-no-habilitado-en-2021-ilega-a-su-maximo-historico/>

[299] Migration Crisis: 15 known deaths in Colchane, with three this weekend, EMOL, 9 November 2021: <https://www.emol.com/noticias/Nacional/2021/10/12/1035155/muertes-crisis-migratoria-colchane.html>

[300] Amy Franklin Casanova, How the gang that illegally moved at least 1,000 refugees and migrants broke down, 12 October 2021: <http://www.puroperiodismo.cl/como-se-desbarato-la-banda-que-movio-ilegalmente-a-al-menos-1-000-migrantes/>

[301] UNHCR Chile High Frequency Survey, March 2021: <https://www.r4v.info/es/document/encuesta-de-alta-frecuencia-venezolanos-en-chile-2021>

Partners will further provide direct assistance to refugees and migrants from Venezuela, primarily in the northern regions where a sustained inflow of refugees and migrants is expected for 2022, and in the Metropolitan Region of Santiago, where 62 per cent of refugees and migrants are based.³⁰² Partners will engage in information campaigns and web-based solutions to provide information about rights and access to services at the national and local levels; protection monitoring through a strengthened presence of R4V partners at entry points in the northern regions; the provision of legal assistance and

representation; and expansion of the network of Support Spaces in which integrated services are provided. The community-based element of the response will ensure engagement and consultations with representatives of Venezuelan refugee and migrant communities and their host communities throughout the activities' implementation, and advocacy will be developed in conjunction with other sectoral priorities such as anti-xenophobia, together with the Integration Sector, or support for access to adequate shelter, with the multisector group, to ensure a coherent and unified response.

mechanisms for refugee and migrant children; and for the inclusion of refugee and migrant children from Venezuela in public policies for education and health. Finally, it will advocate for the non-criminalization of irregular entry and for the cessation of immigration detention.

where food, temporary shelter (rental subsidies), clothing, psychosocial support, legal orientation, referral to the state support system and assistance for family reunification will be provided for 15 days. Finally, partners will improve procedures for welcoming families and strengthen parental tools to provide protection and mental health assistance for children and adolescents. These activities will be closely coordinated with the Shelter, WASH, and Food Security Sectors.

3. **Provide direct assistance to children and adolescents and their families.** Two reception areas will be established in the Tarapacá Region. The first will be a family-friendly waiting area in the city of Colchane where humanitarian assistance will be provided. The second will be a reception centre,

CHILD PROTECTION

 **PEOPLE IN NEED**
154 K

	36.8%		41.9%
	10.5%		10.8%

 **PEOPLE TARGETED**
540

	10.2%		17.6%
	36.1%		36.1%

 **TOTAL REQUIREMENTS**
364 K

 **RMRP PARTNERS**
4

SECTOR LEADS
UNHCR-WVI

PRIORITY NEEDS

The new Migration Bill and a panel (convened by the Supreme Court) to prepare a protocol for the protection of unaccompanied and separated children are, in many aspects, positive advances for the protection of vulnerable refugee and migrant children in Chile.³⁰³ Yet they still do not fully address all of their needs. The Bill forbids the denial of entry at the border, but it contains limited mechanisms to identify comprehensive protection needs for referral to adequate response actors. Vulnerable children who are admitted to the country remain exposed to multiple risks, such as child labor, exploitation, and abuse, including GBV, which also affects those refugee and migrant children already in the country.³⁰⁴ While the Bill also foresees a guarantee to a visa for foreign children and adolescents, and grants them access to social benefits, regardless of their father, mother or guardian's situation in-country, the regulatory framework to establish processing times and procedures is still to be defined. On the other hand, the protocol does strengthen mechanisms for public institutions to ensure that children's rights are upheld,³⁰⁵ but its success depends both on the technical and budgetary commitments from national institutions.

Against this background, the situation on the northern border of the country requires an urgent response. According to the military police, from January to September 2021, 2,012 children and adolescents entered the country through unofficial border points, and have been identified as having grave humanitarian needs.^{306,307} The absence of protocol to facilitate regularization, documentation and to ensure adequate reception conditions further compounds their needs.³⁰⁸

RESPONSE STRATEGY

The Child Protection Sub-sector will focus its response in three main areas:

1. **Provide technical assistance to relevant authorities for the preparation and implementation of protection protocols for refugee and migrant children.** R4V partners will provide assistance to the Supreme Court for the implementation of the UASC protocols.
2. **Advocacy to improve regulations and policies for ensuring access to child rights.** Likewise, R4V partners will advocate to strengthen the procedure to obtain the family reunification visa; for adequate documentation and regularization

[302] Instituto Nacional de Estadística (INE), 61.9 per cent of the foreign population living in Chile resides in the Metropolitan Region, 27 August 2021: <https://eliberoc.cl/alerta/la-region-metropolitana-concentra-la-mayor-cantidad-de-personas-extranjeras-que-viven-en-chile/>

[303] Law 21.325: <https://www.bcn.cl/leychile/navegar?idNorma=1158549>

[304] Centro de Estudios de la Realidad Social, Derechos humanos, gobierno, legislativo, migración, institucionalidad e infancia migrante en Chile: La vulneración a la niñez migrante, 24 May 2021: <https://ongceres.cl/2021/05/24/institucionalidad-e-infancia-migrante-en-chile-la-vulneracion-a-la-ninez-migrante/>

[305] Poder Judicial, Corte Suprema envía a Senado tercer informe sobre proyecto de ley de protección integral de la niñez y adolescencia, 23 July 2021: <https://www.pjud.cl/prensa-y-comunicaciones/noticias-del-poder-judicial/58202>

[306] <https://www.emol.com/noticias/Nacional/2021/09/27/1033723/aumenta-ingreso-ninos-migrantes-chile.html>

[307] Más de dos mil niños migrantes han ingresado a Chile a través de pasos no habilitados de Colchane este año, El Mostrador, 22 August 2021: <https://www.elmostrador.cl/noticias/2021/08/22/mas-de-dos-mil-ninos-migrantes-han-ingresado-a-chile-a-traves-de-pasos-no-habilitados-de-colchane-este-ano/>

[308] Niñez migrante en situación irregular: la precarización que les impone la nueva Ley de Migraciones, Diario U Chile, 20 March 2021: [Niñez migrante en situación irregular: la precarización que les impone la nueva Ley de Migraciones « Diario y Radio Universidad Chile \(uchile.cl\)](https://www.uchile.cl/noticias/2021/03/20/ninez-migrante-en-situacion-irregular-la-precarizacion-que-les-impone-la-nueva-ley-de-migraciones)

GENDER-BASED VIOLENCE (GBV)

 **PEOPLE IN NEED**
99.6 K

	35.6%		42.1%
	11.2%		11.2%

 **PEOPLE TARGETED**
-

	-		-
	-		-

 **TOTAL REQUIREMENTS**
280 K

 **RMRP PARTNERS**
1

SECTOR LEADS
UNHCR-WVI

PRIORITY NEEDS

There are three main interconnected issues with direct implications for the prevention and response to gender-based violence (GBV) in Chile: the weakness of the public sector network to provide protection to girls, women and LGBTQI+ survivors of GBV;³⁰⁹ the absence of an intersectional perspective and lack of intercultural sensitivity in public programmes; and insufficient civil society support networks for girls, women and LGBTQI+ people who are experiencing GBV. This is explained in part by the limited legal mandates of the respective government ministries involved in the response, a narrow focus of public interventions which do not sufficiently consider refugees and migrants, and inadequate funds to support specialized civil society organizations. These kinds of support are needed to address the especially hard consequences of the pandemic on girls and women.³¹⁰ Furthermore, in testimonies from participatory assessments carried out by R4V partners, adult women mentioned the need to have support groups and regular meetings to share traumatic experiences and feel supported.³¹¹ Also, reports from R4V partners indicate a high incidence of GBV among people hosted in temporary shelters in the northern regions, as well as difficulties in facilitating access to specialized services due, in part, to the absence of referral pathways.

RESPONSE STRATEGY

To remedy this situation, the focus of the GBV Sub-sector in 2022 will be to support and strengthen the work of specialized government and civil society organizations. It will work on decision-making, strategic planning, monitoring and evaluation, capacity development and advocacy.

To support and strengthen institutions working on GBV, it will conduct advocacy activities with legislative and executive authorities so that the prevention of and response to GBV policies and programmes include refugees and migrants. Additionally, trainings and workshops on GBV will be provided to civil society organizations working in the field as first responders, and collective sites personnel will be trained on GBV core concepts, GBV risk mitigation and how to respond to a disclosure of GBV.

Partners will promote an intersectional approach to public policy, with special attention on interculturality, and survivors living in poverty, focusing especially on carrying out research on levels of inclusion of refugees and migrants in GBV public policies from an intercultural perspective.

To strengthen the civil society support networks and support service delivery, partners will map existing organizations and networks working specifically on issues of GBV for refugees

[309] CIPER, Complaints regarding violence against women fell 9.6 per cent during quarantine and calls for help increased 43.8 per cent, 9 March 2021: <https://www.ciperchile.cl/2021/03/09/violencia-contra-la-mujer-en-la-cuarentena-denuncias-bajaron-96-y-llamadas-de-auxilio-aumentaron-438/>

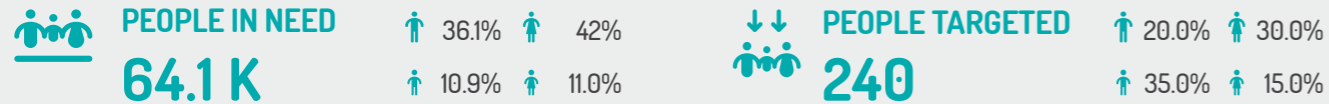
[310] Red Chilena contra la violencia hacia las mujeres, Informativo Dossier: 2020-2021, 'Violence against women in Chile, August 2021: <http://www.nomasviolenciacontramujeres.cl/wp-content/uploads/2021/08/Dossier-Informativo-Violencia-contra-Mujeres-2020-2021-Red-Chilena.pdf>

[311] UNHCR, Results of Participatory Diagnostics and Interviews, 2020: <https://www.r4v.info/es/document/resultados-diagnosticos-participativos-y-entrevistas-personas-adultas>

and migrants. R4V partners will support and generate information for GBV survivors, as well as seek to increase financial support for care programmes and organizations.

Lastly, to raise awareness of the issue among survivors as well as witnesses, information-awareness campaigns will be developed to support those who experience GBV.

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

Several cases of human trafficking³¹² and smuggling³¹³ into Chile were reported in 2021, and due to the increase in irregularity, refugees and migrants from Venezuela are at greater risk than before of trafficking, exploitation, abuse and violence by criminal networks. R4V partners report that refugees and migrants from Venezuela increasingly resort to smuggling networks as they do not have regular access to the country, and out of fear of being identified by border officials. Meanwhile, there are reports of refugees' and migrants' vulnerability to trafficking increasing during the pandemic, with more than 30 per cent experiencing job loss with limited alternatives amid regional movement restrictions and stricter immigration laws.³¹⁴

Upon arrival in Chile, many refugees and migrants from Venezuela lack resources to settle in decent conditions, or information about the existence of support networks and how to access them. In addition, the prevalence of irregular situations also reduces access to services and opportunities, such as professional training and formal work, as well as regular medical care, education, and shelter, with many in a homeless situation and dependent on aid.³¹⁵ The scale of the phenomenon of human trafficking and smuggling in Chile is yet to be better analyzed, as research on both phenomena, especially regarding the Venezuelan refugee and migrant population in the country, is out of date.

RESPONSE STRATEGY

Considering the cross-border dimension of smuggling, R4V partners will implement a communications campaign to prevent smuggling, and reach out to Venezuelans abroad with information regarding entry requirements for Chile and the dangers of resorting to smugglers, with a goal to reduce cases of smuggling as well as to prevent trafficking. Information will also be made available regarding the location of Support Spaces in Chile and services provided by partners for victims of trafficking as well as to victims of abuse and violence.

As part of the response to victims of trafficking, R4V partners will promote actions for their protection and integration. Programmes include support and legal advice and other actions such as family reunification, psychosocial support, crisis management and socio-economic integration, providing access to employment initiatives (micro-entrepreneurship, job readiness training, professional training, etc.), education and other life skills.

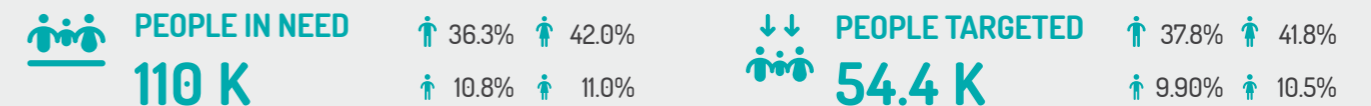
The long-term response to counter human trafficking will be developed through capacity development provided to investigative and law enforcement bodies, as well as civil society organizations in the country. Partners will develop a training curriculum and promote research on human trafficking and forced labour addressed to public officials, trade union organizations and employers' organizations, with a special focus on refugees and migrants from Venezuela, and support spaces for the exchange of information and periodic reports on

the situation of human trafficking and smuggling.

Partners will implement the response throughout the country, with a particular focus on the Metropolitan Region of Santiago as the location where most refugees and migrants from

Venezuela are located, expanding the response to other priority regions of the country as the year progresses.

SHELTER



PRIORITY NEEDS

Refugees and migrants from Venezuela who enter Chile through unofficial border points often require an immediate shelter response to avoid living on the streets.³¹⁶ The main shelter needs are related to the constant increase in demand for both emergency accommodation and rental subsidies. After exhausting their resources reaching Chile, most refugees and migrants from Venezuela can neither afford to pay for transportation to their intended destination in the country (primarily Santiago) nor temporary accommodation, leading to a high prevalence of homelessness of refugees and migrants sheltering in public spaces in cities in the northern border region.³¹⁷ Shelter needs are compounded by limited available shelter solutions in reception areas in the north, due to a lack of hostels or other similar lodgings in the regions where Venezuelans are transiting, a shortage of collective shelters, and, in many cases, an inability to produce valid documentation to enter into a rental agreement.³¹⁸ At the same time, many of those who are in the country for a longer period need support with rent because they lack the resources to achieve economic self-sufficiency, particularly due to the high cost of accommodations, also resulting more recently in homelessness in urban areas such as Santiago.³¹⁹ Furthermore, the quality of affordable housing solutions is poor, as public policies for housing do not adequately address issues arising from substandard high-density housing solutions,³²⁰ and public officials at times lack of cultural sensitivity when working with this population.

RESPONSE STRATEGY

The Shelter Sector response will focus primarily on reducing the number of refugees and migrants who cannot access temporary shelter or long-term dignified housing solutions. To achieve this objective, partners will work to increase the availability of emergency accommodations and rental subsidies, and will advocate with authorities for the installation and operation of temporary shelters in reception communities in the north and in the main destinations, especially within the Metropolitan Region as well as in regions in the south of Chile. Sector partners will also provide technical support for the management of overcrowded situations and the establishment of temporary collective shelters, both in territories where the supply of accommodation is low or has not yet caught up with the increase in demand.

Shelter support will be complemented through intersectoral activities, such as the delivery of food, hygiene and winter kits, in coordination with the WASH and Food Security Sectors, as well as in coordination with the Cash Working Group for the provision of direct cash transfers and multipurpose vouchers (CVA) for rental costs. This will facilitate families' autonomous access to essential household items and will also help compensate for other expenses they incur. These activities will target families with specific protection needs, especially those who have recently arrived. The Sector will also provide technical advice to and coordinate closely with local, regional and national authorities and with other key actors, such as non-governmental organizations, to strengthen the institutional response for shelter issues.

[312] The anti-trafficking police unit opened 30 new investigations in 2020 (21 for sex trafficking and nine for labour trafficking), compared with 92 new investigations in 2019, 39 in 2018, and 21 in 2017. US Department of State, Trafficking in Persons (TIP) Report, June 2021, page 173: <https://www.state.gov/reports/2021-trafficking-in-persons-report/>

[313] The Chilean Military Police report 27 arrests for smuggling in 2020 and 86 in 2021. See, e.g., Detenciones por tráfico de migrantes aumentaron en un 438 por ciento respecto al año pasado, El Dinamo, 24 August 2021: <https://www.eldinamo.cl/pais/2021/08/24/detenciones-por-trafico-de-migrantes-aumentaron-en-un-438-en-relacion-al-ano-pasado/>. Figures of refugees and migrants having resorted to smugglers are unreliable, but one report citing an investigation by prosecutors in the Tarapacá region indicates that one gang may have facilitated the entry of 3,600 refugees and migrants into Chile.

[314] Socio-Labour Characterization of Refugees and Migrants from Venezuela in Chile, Talca University, 27 October 2021: [http://www.cenem.uta.cl/docs/pdf/Estudio Caracterización Sociolaboral de la Población Refugiada y Migrante Venezolana en Chile con la colaboración de ACNUR.pdf](http://www.cenem.uta.cl/docs/pdf/Estudio%20Caracterizacion%20Sociolaboral%20de%20la%20Poblacion%20Refugiada%20y%20Migrante%20Venezolana%20en%20Chile%20con%20la%20colaboracion%20de%20ACNUR.pdf). See also US Department of State, Trafficking in Persons (TIP) Report, June 2021, page 174: <https://www.state.gov/reports/2021-trafficking-in-persons-report/>

[315] SJM Chile, Migrantes pernoctan en calles y playas, y ministro sostiene que el ingreso irregular es más bajo que en el Verano, 29 August 2021: <https://sjmchile.org/2021/08/29/migrantes-pernoctan-en-calles-y-playas-y-ministro-sostiene-que-el-ingreso-irregular-es-mas-bajo-que-en-el-verano/>

[316] Aline Bravo y Carolina Stefoni, More asylum, less oppression. CIPER, 4 October 2021: <https://www.ciperchile.cl/2021/10/04/mas-asilo-menos-opresion/>

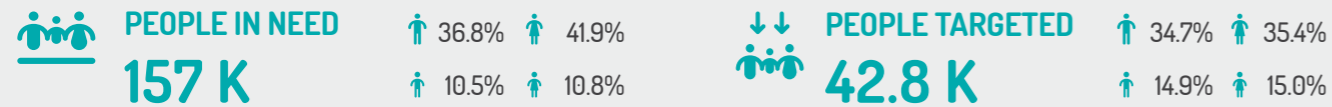
[317] Eviction of migrants from Plaza Brazil in Iquique: Children's Ombudsman and SJM Reject "violence as a response to a humanitarian problem." El Mostrador, September 2021: <https://www.elmostrador.cl/destacado/2021/09/24/desalojo-de-migrantes-en-plaza-brasil-de-iquique-defensoria-de-la-ninez-y-sjm-rechazan-violencia-como-respuesta-a-un-problema-humanitario-y-gobierno-se-defiende/>

[318] Up to 969 camps in Chile and TECHO calls for a radical turnaround, Migración en Chile, 25 March 2021: <https://www.migracionenchile.cl/campamentos-suben-a-969-en-chile-y-techo-pide-un-giro-radical/>

[319] The average rent for an 80 square meter home would have a monthly value of 498,477 Chilean Pesos (or USD 612) in Huechuraba, which has the lowest rental value per square meter in the Santiago Metropolitan Region. More than half of lower-income households in Chile spend over 40 per cent of their income on rent. OCDE, 17 June 2021: <https://infoinvi.uchilefau.cl/ocde-mas-de-la-mitad-de-hogares-de-menores-ingresos-de-chile-gastan-sobre-40-de-sus-ingresos-en-arriendo/>

[320] National Camps Register 2020 – 2021: https://ceschile.org/wp-content/uploads/2020/11/Informe%20Ejecutivo_Catastro%20Campamentos%202020-2021.pdf

WASH



SECTOR LEADS
IOM-UNHCR

PRIORITY NEEDS

Refugees and migrants from Venezuela have unmet WASH needs in Chile, including while transiting to their final destinations. R4V partners have observed that border facilities have limited infrastructure, with few transitory shelters available along travel routes, and many settling in substandard shelter conditions. Local authorities face difficulties in allocating resources to such services, including distributing hygiene products to refugees and migrants from Venezuela.

Access to water is closely connected to living conditions. Many have little choice but to settle in informal settlements³²¹ of which only 6.7 per cent are connected to treated water systems³²² and 31.3 per cent are supplied by cistern trucks. Of those in transit, 35 per cent report not having access to water.³²³ This situation is particularly concerning for women who have more demanding hygiene needs, such as menstrual hygiene.³²⁴

Sanitary conditions can be equally challenging. Refugees and migrants from Venezuela who enter through unofficial border points usually arrive in the country after traveling great distances, for days without access to toilets or showers.³²⁵ Those who end up living in informal settlements find that only 7 per cent of houses are connected to the sewage system and 43.7 per cent use cesspools, ditches, or canals.³²⁶ These conditions have various immediate and long-term implications for refugees and migrants, especially regarding their health and well-being, which include the risk of contracting transmissible diseases (e.g. cholera, diarrhea, dysentery, hepatitis A, typhoid and poliomyelitis³²⁷).

RESPONSE STRATEGY

Sector partners will prioritize interventions to improve WASH services and facilities for refugees and migrants from Venezuela in the northern part of the country (e.g. Arica, Antofagasta and Iquique) where refugees and migrants in-transit require access to quality and safe water, sanitation and hygiene services. Assistance to host communities will also be provided by R4V partners in Chile, with a special focus on schools and healthcare centres, in order to improve WASH services, which will be coordinated with the Education Sector.

Partners will seek to improve these services through the delivery of hygiene kits, including feminine hygiene products; provision of cash transfers (CVA); workshops on good hygiene practices; and coordination with local public institutions for the implementation of projects related to personal and menstrual hygiene, in close coordination with the Protection Sector.

At transit points, mainly in the northern region, partners will provide bottled water and hygiene items to refugees and migrants and will install equipment such as chemical toilets, showers and water tanks, which will be coordinated with the Shelter Sector. Partners will also provide water and sanitation services to refugee and migrant households in temporary shelters and informal settlements, especially those living in substandard conditions. Other coordinated activities also include distribution of kits specially designed for women and girls, coordinated with the GBV Sub-sector.

[321] Referred to as *tomas* in Chile. For more information, see, e.g. Andrea Pino Vásquez & Lautaro Ojeda Ledesma, Ciudad y hábitat informal: Las tomas de terreno y la autoconstrucción en las quebradas de Valparaíso, 2013. Revista INVI, 28(78), 109-140. Available at: https://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0718-83582013000200004

[322] TECHO-Chile, Camps National Registry 2020-2021, Historical rise of families living in camps, 25 March 2021: <https://www.techo.org/chile/techo-al-dia/catastro-nacional-de-campamentos-2020-2021-de-techo-chile-historica-alza-de-familias-viviendo-en-campamentos/>

[323] IOM Chile, Displacement Matrix (DTM), March 2021: <https://dtm.iom.int/chile>

[324] UNHCR/IOM/UN Women, Refugee and Migrant Women in the COVID-19 context, 2020: <https://www.acnur.org/es-mx/5eb5ac714.pdf>

[325] For example, an R4V partner interviewed a Venezuelan family in the city of Colchane, and the family noted last having used a bathroom with all fixtures when they left their dwelling in Lima two weeks prior to their arrival on 19 October 2021.

[326] TECHO-Chile, Camps National Registry 2020-2021, Historical rise of families living in camps, 25 March 2021: <https://www.techo.org/chile/techo-al-dia/catastro-nacional-de-campamentos-2020-2021-de-techo-chile-historica-alza-de-familias-viviendo-en-campamentos/>

[327] World Health Organization, 18 June 2019: <https://www.who.int/es/news-room/fact-sheets/detail/drinking-water>



COLOMBIA AT A GLANCE



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POPULATION PROJECTION

5.51 M

PEOPLE IN NEED

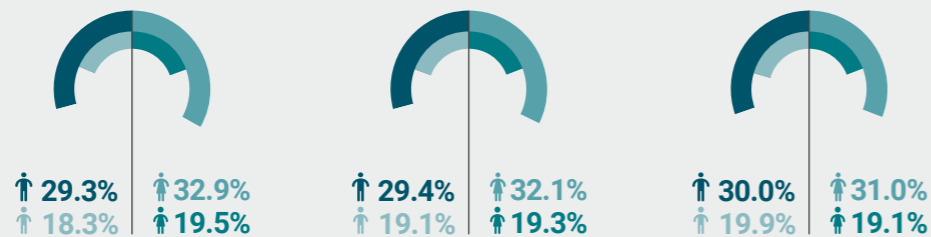
4.83 M

PEOPLE TARGETED

2.14 M

	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED
VENEZUELAN IN DESTINATION	2.45 M	2.01 M	1.16 M
VENZUELAN PENDULAR	1.87 M	1.12 M	2.02 K
COLOMBIAN RETURNEES	980 K	645 K	241 K
HOST COMMUNITY	-	876 K	364 K
IN TRANSIT*	211 K	179 K	172 K

GENDER DISAGGREGATION

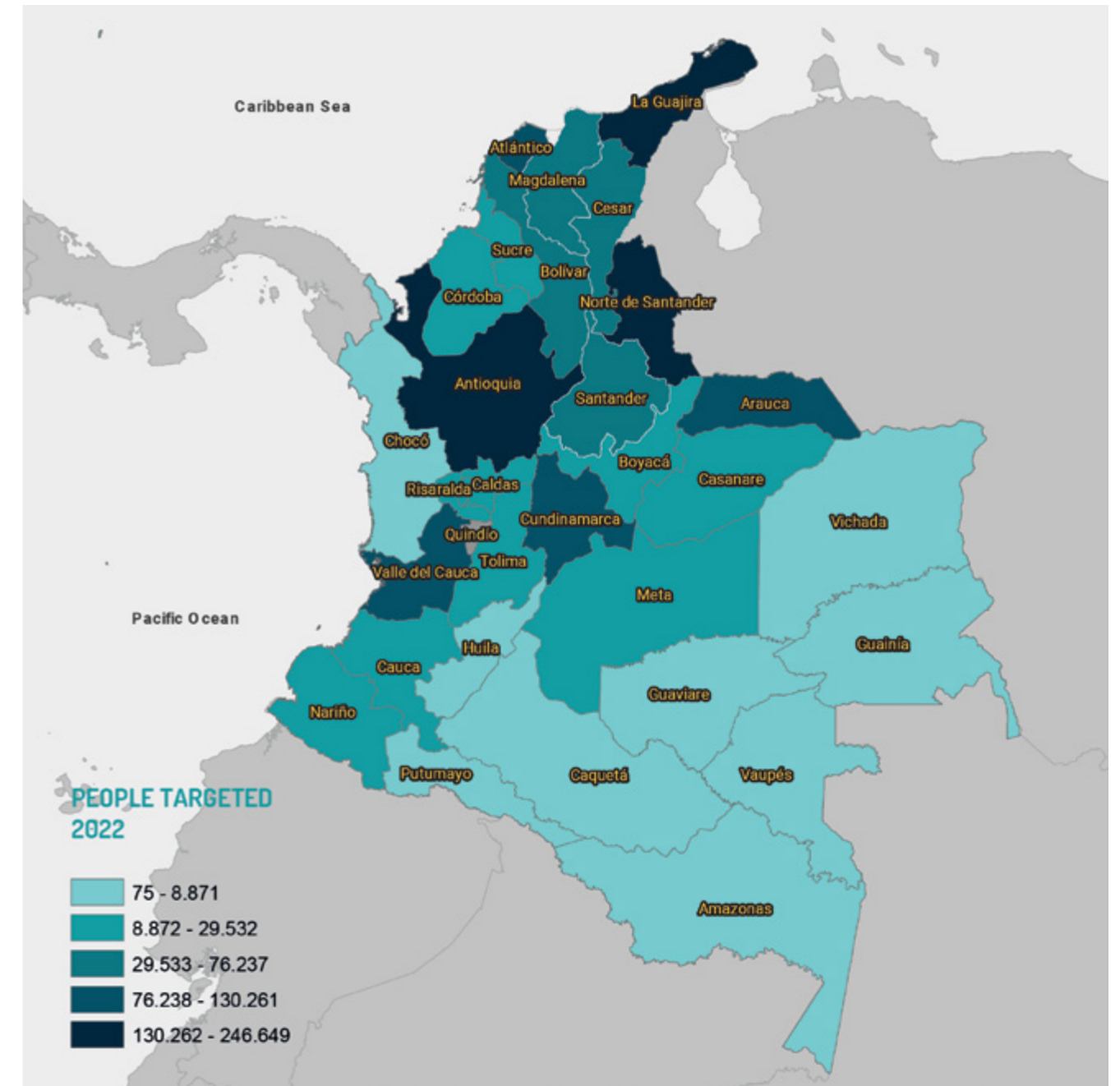


TOTAL REQUIREMENTS
\$803 M

RMRP PARTNERS
78





* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED












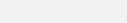



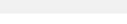

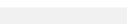



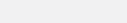



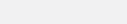


PROVINCE	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Bogotá, D.C.	149 K	689 K	344 K	\$128 M
Norte de Santander	38.7 K	810 K	247 K	\$139 M
Antioquia	478 K	419 K	209 K	\$37.9 M
La Guajira	30.1 K	550 K	168 K	\$119 M
Valle del Cauca	8.96 K	261 K	130 K	\$37.8 M
Atlántico	218 K	216 K	108 K	\$60.9 M
Cundinamarca	79.1 K	209 K	105 K	\$26.7 M
Arauca	12.3 K	383 K	98.4 K	\$60.4 M
Santander	22.0 K	153 K	76.2 K	\$36.1 M
Bolívar	289 K	149 K	74.1 K	\$16.6 M
Magdalena	37.9 K	124 K	62.1 K	\$26.9 M
Cesar	86.2 K	114.3 K	57.0 K	\$17.4 M
Meta	32.8 K	59.2 K	29.5 K	\$2.92 M
Córdoba	103 K	55.9 K	27.9 K	\$220 K
Risaralda	34.1 K	54.8 K	27.3 K	\$1.84 M
Quindío	24.9 K	49.2 K	24.5 K	\$864 K
Sucre	41.0 K	47.5K	23.7 K	\$50.0 K
Boyacá	149 K	47.4 K	23,617	\$5.25 M
Casanare	4.93 K	43.5 K	21,673	\$8.06 M
Nariño	28.8 K	41.6 K	20,746	\$41.7 M
Caldas	106 K	39.0 K	19,464	\$849 M
Tolima	27.0 K	36.0 K	17,952	\$1.85 M
Cauca	181 K	31.8 K	15,874	\$4.35 M
Huila	32.9 K	17.8 K	8,871	-
Guainía	7.23 K	12.9 K	6,452	\$3.28 M
Caquetá	145 K	10.4 K	5,208	\$1.16 M
Chocó	63.6 K	9.19 K	4,580	\$3.13 M
Vichada	104	7.13 K	3,556	\$5.96 M
Putumayo	4.80 K	6.94 K	3,458	\$10.7 M
Amazonas	6.36 K	1.95 K	971	\$209 K
Guaviare	514	741	372	\$405 K
San Andrés y Providencia	1.35 K	734	369	-
Vaupés	509	148	75	-

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	 International NGOs	 National NGOs / CSOs [‡]	 Others ^{‡‡}	 UN Agencies
Financial requirements	24.2%	1.31%	5.80%	68.6%
Organizations	41	17	7	13

[‡] Civil Society Organizations.
^{‡‡} Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)*	Targeted In need	People targeted*	Financial requirements (USD)	Partners
 Education	3.11 M		449 K	50.2 M	25
 Food Security	4.41 M		1.58 M	173 M	13
 Health	4.56 M		2.02 M	154 M	40
 Humanitarian Transportation	445 K		89.9 K	3.26 M	11
 Integration	4.59 M		152 K	134 M	37
 Nutrition	1.93 M		125 K	4.32 M	8
 Protection**	4.42 M		503 K	78.6 M	43
 Child Protection	1.69 M		148 K	24.4 M	21
 Gender-Based Violence (GBV)	909 K		304 K	15.7 M	26
 Human Trafficking & Smuggling	677 K		34.3 K	4.38 M	8
 Shelter	3.93 M		303 K	33.7 M	16
 WASH	3.61 M		545 K	29.1 M	32
 Multipurpose Cash Assistance	-	-	605 K	84.1 M	26
 Common Services***	-	-	-	14.4 M	14

* Refugees and migrants in-transit are included in the national totals.

** This includes Support Spaces

*** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



As of August 2021, Colombia hosted 1.84 million refugees and migrants from Venezuela, more than any other country in the region.³²⁸ Still impacted from an economic downturn caused by the consequences of the COVID-19 pandemic, and even though measures to curb the spread of the virus were progressively lifted throughout 2021, refugees and migrants from Venezuela – which includes Colombian returnees – face obstacles to access public services, earn livelihoods and meet their basic needs, all of which are aggravated by a lack of documentation and widespread irregularity. According to the National R4V Platform in Colombia (GIFMM³²⁹)’s *Joint Needs Assessment (JNA)* conducted in June 2021, 77 per cent of Venezuelan refugee and migrant households surveyed lacked access to healthcare; 26 per cent of children in surveyed of households were not attending school; 24 per cent of households faced food insecurity; 25 per cent consumed poor quality water; 36

per cent lived in overcrowded conditions; and 31 per cent were at risk of eviction due to their inability to pay rent and utilities.³³⁰ Inclusion of Venezuelans in the national COVID-19 response also remains a challenge: although Colombian authorities have offered refugees and migrants from Venezuela access to COVID-19 vaccinations regardless of their legal situation in the country, vaccination coverage for Venezuelans in Colombia remains modest, with only an estimated 5.3 per cent of the population having received at least one dose.³³¹

In addition to socio-economic conditions and lack of documentation, refugees and migrants from Venezuela in Colombia are exposed to protection risks as a result of natural disasters and armed violence, as well as increasing reports of incidents of discrimination³³² and xenophobia.³³³ Protection needs and risks arising from irregular border crossings and

[328] According to Migration Colombia, the official figure of Venezuelans in Colombia as of 31 August 2021 was 1,842,390. See <https://bit.ly/3vLqERQ> and see [r4v.info](https://www.r4v.info) for regularly updated figures for all 17 RMRP countries. In Colombia there are additional official sources that speak to the number of Venezuelans in Colombia; for example, see the Integrated Household Survey - GEIH by the National Administrative Department of Statistics (DANE) for August 2021, available at <https://bit.ly/3jZ2Q8c>. Both sources apply different collection and calculation methodologies.

[329] GIFMM stands for ‘Grupo Interagencial sobre Flujos Migratorios Mixtos’.

[330] GIFMM Joint Needs Assessment for population in destination (hereinafter JNA), Round 5, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>. The sample of 2,161 households surveyed via telephone was drawn from the databases of 20 participating GIFMM organizations. Since the households surveyed have access to humanitarian assistance, these results are not necessarily representative of all Venezuelan refugees and migrants in Colombia.

[331] Resolution 1255 of the Ministry of Health: https://www.minsalud.gov.co/Normatividad_Nuevo/Resoluci%C3%B3n%20No.%201255%20de%202021.pdf, see also Ministry of Health and Social Protection. Vaccine data shared by the Ministry of Health with GIFMM, as of 28 October 2021.

[332] According to the JNA, 26 per cent of refugees and migrants from Venezuela interviewed had experienced discrimination on the basis of their nationality during the year.

[333] In the Evaluation of UNHCR Colombia’s *Somos Panas* campaign (see report at <https://www.r4v.info/es/document/colombia-informe-sobre-la-campana-somos-panas-de-acnur-colombia-diciembre-2017-diciembre>), the Colombian host community had a xenophobia indicator of 0.46 (on a scale of 0 to 1) and, while 66 per cent agreed on equal rights for refugees and migrants, 52 per cent held stereotypes such as Venezuelans being ‘lazy’.

transit through the country have also increased: results of the GIFMM's *Joint Characterization of Mixed Movements*³³⁴ in 2021 indicate that one-third of those in-transit (including the so-called '*caminantes*'³³⁵) faced protection risks during their journeys, mainly robberies, physical violence, and threats, which was nearly double compared to 2020.³³⁶ Women, unaccompanied and separated children (UASC) and people with disabilities have been particularly impacted. Those engaging in pendular movements, who maintain back-and-forth movements across borders in search of access to goods, rights, and services, have also been exposed to these risks.³³⁷

In this challenging context, and responsive to the large-scale irregularity of refugees and migrants from Venezuela, the Government announced and began registration for the Temporary Protection Status for Venezuelans (TPS, or ETPV, per its Spanish acronym), which will provide eligible Venezuelans with a 10-year residence permit.³³⁸ By expanding access to documentation and regular status, the TPS will enhance Venezuelans' protection and ability to exercise fundamental rights, as well as their access to public services and essential goods, thereby promoting their socio-economic integration in Colombia. The regularization of Venezuelans through the TPS offers an opportunity to improve effective access and protection of their rights and socio-economic integration. Integration and inclusion are thus cross-cutting priorities in this RMRP. Given the TPS' long-term socio-economic development implications, Colombian institutions will face increasing demand for services and guarantees of the rights of refugees and migrants from Venezuela at national and local levels. The magnitude of these demands also highlights the need for close collaboration with the private sector, as an engine of economic growth for the integration and socio-economic inclusion of refugees and migrants from Venezuela.

RESPONSE STRATEGY

Country Planning Scenario

By the end of 2022, an estimated 2.45 million refugees and migrants from Venezuela will be residing in Colombia, of whom 2.01 million will be in need of assistance. An estimated 645,000 out of 980,000 Colombian and binational returnees will need support. An estimated 211,000 people will be in transit to third countries through Colombia, including movements of Venezuelans entering from Ecuador with the intention of returning to Venezuela; 179,000 of them are expected to be

in need. Another 1.87 million Venezuelans are expected to continue crossing the border in pendular movements between Venezuela and Colombia, 1.12 million of them in need. 876,000 members of affected host communities have also been included in the population in need of assistance.

Through consultations with R4V partners and sectors in Colombia, new cross-border dynamics have been identified which are anticipated to continue in 2022, including increased arrivals from Peru and Ecuador and new northward-oriented travel routes (through Panama) amidst transcontinental mixed movements.

GIFMM partners' response in Colombia will take place in a challenging and evolving context in 2022. While R4V partners will support the Government in the implementation of the TPS to expand access to documentation, health, education, integration and social protection for refugees and migrants from Venezuela, humanitarian assistance will continue to be needed, including for those who are not eligible for the TPS and cannot access other regularization paths (e.g. because they arrived irregularly through an unofficial border point after 31 January 2021, or for those whose cases are pending). Presidential elections and related political campaigning in 2022 raise the need to reinforce initiatives and narratives to prevent xenophobia.

New transit routes as well as situations related to armed violence in some areas could increase protection risks. As for the routes used by those in-transit, a key operational challenge is providing humanitarian transportation, including the fact that a potential increase in movements could overwhelm the capacity of temporary collective shelters. Finally, the occurrence of severe weather events and natural disasters can expose refugees and migrants from Venezuela, located in at-risk areas, to increased humanitarian needs and secondary and/or onward movements.

Scope of the Response and Priorities

This Plan foresees a comprehensive and coordinated response in 29 of Colombia's 32 departments and the Capital District, implemented through 79 partners.³³⁹ Priority is given to border areas with high concentrations of refugees and migrants from Venezuela, and to regions with access constraints and limited institutional response capacities. Considering the importance of promoting refugees' and migrants' access to regularization and documentation processes, including to international protection, R4V partners will amplify information-sharing and technical guidance on access to the asylum system, the TPS and the Temporary Protection Permit (PPT).

The RMRP will enhance **socio-economic and cultural integration** by promoting peaceful coexistence between refugees and migrants and their host communities, highlighting the contributions of the Venezuelan population in Colombia, while providing opportunities for formal employment and entrepreneurship, support services for insertion in the labour market and effective access to the social protection system.

While integration is a long-term perspective, in the shorter term, **humanitarian assistance** to Venezuelans will remain a key component of the RMRP in Colombia. Partners will promote refugees' and migrants' fundamental rights and dignified and effective access to essential goods and services through food and nutrition assistance, installation and delivery of WASH services and items, physical and mental health services (with a special focus on effective access to COVID-19 vaccination), temporary shelter solutions, and education. Similarly, partners aim to prevent and respond to protection risks and incidents during transit and stay in Colombia, particularly for persons with specific needs,³⁴⁰ using comprehensive and integrated strategies (e.g. humanitarian transportation and the network of Support Spaces and attention points).

Response Principles

The RMRP incorporates cross-cutting principles of gender, environment, centrality of protection (COP), protection from sexual exploitation and abuse (PSEA), and accountability to affected populations (AAP); as well as disaggregated data in all PiN and target calculations according to considerations such as population profile, age and gender, to facilitate specific monitoring and analysis. The Gender with Age Marker (GAM) and environmental marker have enabled R4V partners to identify and anticipate these considerations during response planning and implementation.³⁴¹ The principle of centrality of protection will be mainstreamed across Sectors through intersectoral training for partners, to ensure the safety and dignity of all people reached, to promote their exercise of fundamental rights and safe access to services without

discrimination (in particular for persons with specific needs) and their participation in decision-making, and to follow the principle of "do no harm."

Finally, the RMRP 2022 in Colombia ensures accountability to affected populations through: i) the integration of perspectives of people assisted through feedback in joint needs assessments, in which interviewees prioritize their needs and share their opinions on the response; and ii) the active participation of civil society organizations in needs analysis during the planning phase of the RMRP.³⁴² Furthermore, for the first time in Colombia, 14 Venezuelan refugee- and migrant-led diaspora organizations are also partners in the RMRP. The RMRP 2022 also integrates actions to prevent sexual exploitation and abuse (SEA) in line with IASC minimum operating standards; raises awareness on SEA with GIFMM partners and host communities; identifies and mitigates SEA risks; and establishes safe, confidential and accessible complaint mechanisms for reporting (suspected) cases of SEA and timely case management and response to survivors. Finally, intersectoral matters throughout the response are jointly developed and followed-up in the Inter-Sector Coordination Group, with the participation of leaders of all Sectors, Sub-sectors, Task Forces and Working Groups.

[334] GIFMM Joint Characterization of Mixed Movements (hereinafter JCMM) for January - August 2021: <https://www.r4v.info/es/document/gifmm-colombia-caracterizacion-conjunta-sobre-movimientos-mixtos-enero-agosto-2021>. 16 GIFMM organizations and four local authorities interviewed 641 travel groups (representing 2,268 refugees and migrants in transit) at >45 key points in 12 departments. This information is only relevant for the period of data collection and for the movements present in the points where the interviews were conducted; therefore, it cannot be extrapolated to all people in transit in Colombia.

[335] "*Caminantes*" are refugees and migrants from Venezuela in-transit who make their journey by walking partially or completely to their final destination.

[336] According to the JCMM, 29 per cent of travel groups entering Colombia and 31 per cent of those returning to Venezuela faced risks during their journeys in 2021, mainly robbery, physical violence and threats; in 2020 this proportion ranged between 9 per cent and 13 per cent.

[337] GIFMM Joint Needs Assessment for pendular populations (hereinafter JNA-P), June-July 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-para-poblacion-pendular-junio-julio-2021>. 22 GIFMM organizations conducted 488 face-to-face surveys with refugees and migrants engaging in pendular movements across borders in the departments of Arauca, La Guajira and Norte de Santander. In the absence of a sampling frame, a mixed methods sampling was used, which implies that the results are not necessarily representative of all persons coming from Venezuela in pendular movements in Colombia. 15 per cent of those interviewed reported facing insecurity during their transit, particularly those traveling with children.

[338] The TPS is a regularization mechanism which is complementary to the international refugee protection regime. Refugees and migrants from Venezuela who entered Colombia through an official border point before 31 January 2021 or in the next two years, as well as Venezuelans who entered irregularly but can demonstrate being in Colombia before 31 January 2021, will be eligible for the TPS, which is officialised through the issuance of a Temporary Protection Permit (PPT per its Spanish acronym). Consequently, those who entered Colombia through irregular border crossings and are unable to demonstrate being in Colombia before 31 January 2021 cannot access the TPS. See <https://bit.ly/3wco6B>. By 8 November 2021, according to Migration Colombia, 1.45 million individuals had completed their virtual pre-registration, and the first permit was issued on 13 October 2021.

[339] Vaupés, San Andrés, and Huila are the only departments with no RMRP coverage, mainly because of a very low presence of refugees and migrants from Venezuela and, therefore, of humanitarian actors.

[340] Including indigenous and Afro-descendant peoples; pregnant/nursing women and female heads of households; children; people at risk of statelessness; GBV/SEA survivors; people affected by human trafficking and smuggling; refugees, migrants and returnees affected by armed violence; the elderly; people with disabilities, reduced mobility and/or chronic diseases; and LGBTQI+ people.

[341] According to the Gender with Age (GAM) marker self-assessments, 68 per cent of R4V 2022 partners in Colombia incorporated considerations of gender equity according to age and/or disability in their activities, while 8 per cent expect to contribute to gender equity without incorporating age and/or disability.

[342] As part of the RMRP 2022 planning process, a specific workshop for Venezuelan civil society organizations (CSOs) in Colombia was carried out, with the participation of 37 CSOs working in 21 departments.



CASH AND VOUCHER ASSISTANCE (CVA)

PRIORITY NEEDS

According to the *JNA*, refugees' and migrants' top three priority needs in Colombia are food (85 per cent), shelter (64 per cent) and employment/livelihoods (46 per cent). CVA is the preferred assistance modality for Venezuelans for both shelter (79 per cent) and food (46 per cent).³⁴³

According to the Quantification of People in a Situation of Socioeconomic Vulnerability,³⁴⁴ 68 per cent of Venezuelans intending to stay in Colombia face income constraints and financial barriers to access basic goods, services, and rights. Sixty per cent of those in this situation additionally report preferring cash or vouchers as a modality of assistance, reflecting the importance of Multipurpose Cash Transfers (MPC).

Limited access to employment results in insufficient economic resources to meet basic needs and leads households to resort to negative coping mechanisms; CVA, as a tool oriented to accomplish multiple sectoral objectives, is intended to help households meet those needs.

RESPONSE STRATEGY

The main priorities of MPC interventions are:

1. Assist refugee and migrant households meet their basic needs.
2. Avoid negative coping mechanisms.
3. Contribute to the achievement of sectoral objectives.
4. Promote access to sustainable livelihoods and solutions.

The use of CVA, including sectoral and MPC programmes, will be promoted countrywide. The target population will be identified through vulnerability surveys, a sectoral referral system, and the TPS' socio-economic characterization process. MPC and sectoral cash assistance will respond to socio-economic vulnerabilities, facilitate integration and prioritize linkages to national social protection systems. Partners distributing CVA will endeavour to complement actions of government institutions, including the Department for Social Prosperity, the Ministries of Labour and Housing, and Border Management and Migration Colombia, who are responsible for promoting access to social services in the context of the TPS.

The Cash Working Group will coordinate the implementation of CVA, taking into consideration guidelines developed by the Colombian Government (e.g. on amounts). Actions aimed at enhancing the participation and co-responsibility of refugees and migrants will promote access to public services, raise awareness and provide training on issues such as GBV, regularization, access to asylum, nutrition, legal counselling, education, entrepreneurship, and access to the labour market.

[343] See GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021> and results summary infographic: <https://www.r4v.info/es/document/gifmm-colombia-summary-joint-needs-assessment-round-1-2021>.

[344] See GIFMM-Cash Working Group, Quantification of People in Situations of Socioeconomic Vulnerability who can be assisted through Multipurpose Cash Transfers, September 2021: <https://www.r4v.info/es/document/gifmm-colombia-cuantificacion-de-personas-en-vulnerabilidad-economica-que-pueden-atenderse>.



COMMUNICATION WITH COMMUNITIES (CWC)/ ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

PRIORITY NEEDS

Affected people at the centre of humanitarian and development actions have the right to be informed and participate in decisions that affect them. They also have skills that can help them address the challenges they face. Considering this, the **CwC/AAP Task Force** will focus on sharing key messages with affected populations and their host communities, promoting their effective participation, and building two-way channels to provide permanent feedback on the response.

Partners have identified the need to inform the population in an accessible and concise manner on topics such as rights and services; opportunities for legal representation; regularization pathways; the refugee status determination process; protection risks along the route of those in-transit/'*caminantes*' and those that arise in the contexts of armed violence. Messages aimed at affected host communities are also necessary to reduce xenophobia.

Joint needs assessments enable refugees and migrants from Venezuela as well as affected host communities to be informed about the results and scope of their participation: according to the *JNA*, 63 per cent of households would like to use a hotline or suggestion box to share their opinions.³⁴⁵ Finally, communications challenges of misinformation, fraud and xenophobia will arise, in particular in the context of the regularization mechanisms.

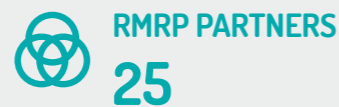
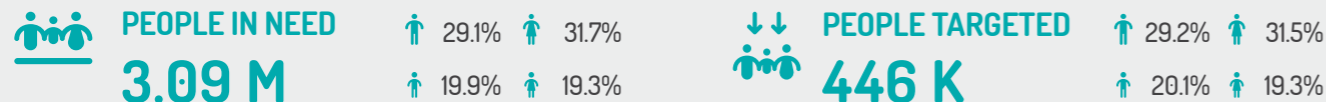
RESPONSE STRATEGY

- Strengthen CwC participative information needs assessments, support and disseminate key messages, develop two-way communication strategies, and create tools to measure the impact of these actions, together with national and local authorities.
- Encourage community participation to enable communities to advocate for their rights and interests and shape the humanitarian and development response.
- Establish permanent, contextualized, and secure feedback and response mechanisms for refugees' and migrants' complaints, to pose questions and share opinions.
- Advocate for refugees and migrants from Venezuela to participate in the design of public policy that affects them, in coordination with local authorities.

Finally, intersectoral coordination will strengthen partners' knowledge on accountability, joint identification of information needs and coordination initiatives to prevent crises, support solutions, mitigate xenophobia and promote integration.

[345] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

EDUCATION



SECTOR LEADS
NRC-SAVE THE CHILDREN-
UNICEF

PRIORITY NEEDS

In Colombia, COVID-19 has negatively affected the education of 488,497 Venezuelan children enrolled in the education system;³⁴⁶ in addition, 25 per cent of children (ages 6 – 17) of surveyed refugee and migrant households were not enrolled in schools as of June 2021.³⁴⁷ According to the [JNA](#) and Sector surveys,³⁴⁸ identified needs are: i) access to education; ii) access to the internet, mobile devices and school meals, as well as uniforms and teaching materials (these being the most frequent barriers to school access and retention); iii) access to early childhood education³⁴⁹; iv) flexible educational models adapted to the needs of refugee and migrant children from Venezuela, including those in-transit, in order to deal with the age-grade gap³⁵⁰ and the need for remedial education; v) monitoring to ensure attendance and retention in the education system;³⁵¹ and vi) access to tertiary, vocational and/or technical education, in coordination with the National Learning Service and other entities.

It is also necessary to improve conditions for the safe return to schools in the context of COVID-19, establishing the school as a protective environment.

RESPONSE STRATEGY

The Education Sector's response priorities are to:

1. Promote access to and retention in education, through the provision of school meals, implementation of flexible learning pedagogies, increased educational resources and opportunities for distance and virtual learning, and strategies to recover learning loss, in coordination with the Ministry of Education.
2. Support documentation and regularization for children through technical support and coordination with the

Ministry of Education, local Education Secretariats, Migration Colombia, educational institutions, and host communities.

3. Promote conditions for safe return to the classroom through capacity-building with teachers and caregivers, support to students, coordination to improve WASH infrastructure, hygiene and COVID-19 prevention practices.

The response will include technical assistance on flexible educational models and formal and informal education strategies in temporary classrooms, strategies to find and re-enroll children from Venezuela outside of the education system, and enrollment management. Other interventions include direct support to schools, by providing supplies and school meals for retention, coordination with the WASH sector to install adequate WASH infrastructure, and training teachers in xenophobia prevention. The Sector will also implement MPC strategies to promote school attendance, in accordance with the criteria of the Cash Working Group. Priority will be given to strengthening the capacities of the Ministry of Education, the Colombian Institute of Family Welfare, local Secretariats of Education, and educational institutions including the National Learning Service (SENA, for its acronym in Spanish) for vocational training.

The Sector will integrate pedagogical and cross-cutting approaches adapted to gender, ethnicity, disability, and environment considerations, and will coordinate with:

- **WASH** to implement COVID-19 prevention measures and rehabilitation of school sanitary infrastructure.
- **Health** to implement socio-emotional and mental health strengthening strategies.

[346] Ministry of Education - Integrated Enrolment System (SIMAT, per its Spanish acronym), as of 30 September 2021: <https://bit.ly/2Y5Sgoe>. For more information on educational impacts for refugee and migrant children, see the sectoral SitRep: <https://www.r4v.info/es/document/gifmm-colombia-reporte-situacional-de-educacion-enero-marzo-2021> and the Social Pulse Survey by DANE (supported by UNICEF): <https://bit.ly/3khOUqg>.

[347] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[348] GIFMM Education Sector, Perception Survey, August 2021: <https://bit.ly/3FfbcZJ>.

[349] According to the JNA, only 5 per cent of 1,704 children identified were attending preschool at the time of data collection in June 2021.

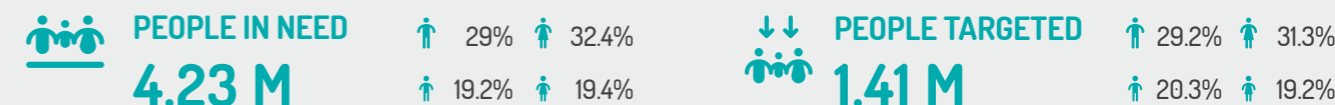
[350] The gap between age and grade, which occurs when a child is 2-3 years older than the average for their grade. See Ministry of National Education: <https://bit.ly/3kLq82m>.

[351] According to the Integrated Enrolment System of the Ministry of National Education (SIMAT), it is estimated that as of June 2021, more than 16,200 children did not remain in the educational system.

- **Integration** to promote the obtainment/recognition of academic degrees and the development of technical skills.
- Food Security and **Nutrition** through school meals for vulnerable children.

- **Protection** to promote children's access to documentation and regularization (including refugee status determination, PPT and the TPS) and to develop comprehensive educational materials to prevent violence, child recruitment and xenophobia.

FOOD SECURITY



SECTOR LEADS
FAO-UNICEF-WFP

PRIORITY NEEDS

A key issue for refugees and migrants from Venezuela in Colombia is insufficient and untimely access to diverse and nutritious food: according to the [JNA](#), 54 per cent of Venezuelan refugee and migrant households are moderately or severely food insecure, have low capacities to obtain and consume quality food, and face periods of hunger.³⁵² Twice as many households (59 per cent) had only two meals a day or less in 2021, compared to before the pandemic.³⁵³ Those in-transit and households headed by a woman or a person with a disability have the greatest needs, as do pregnant women, children, and the elderly. Geographically, needs are most acute in the departments of Atlántico, Bolívar, Nariño, La Guajira, and Arauca³⁵⁴. Limited productive and agricultural livelihood generation capacities, including among returnees and affected host communities, jeopardize their resilience and integration.

Furthermore, there is a need for greater information and needs assessments, particularly sectoral assessments and systems to identify gaps in rural areas, which are important to address negative coping mechanisms of families who lack food and income, and protection risks incurred to obtain food, considering that 94 per cent of households earn less than the minimum wage and 31 per cent resort to emergency strategies to obtain food.³⁵⁵

RESPONSE STRATEGY

The Food Security Sector's response priorities are:

- **Provision of immediate food assistance for highly vulnerable persons** and their host communities, people in-transit and in border areas (including 'caminantes') and those engaging in pendular movements.

- **Rapid recovery of productive capacities and agricultural livelihoods**, which is essential for household and host community subsistence in areas with a high concentration of refugees and migrants. Partners will apply a comprehensive and differential approach (including for AGD and ethnic diversity), based on risk management (including environmental management plans) and socio-economic integration approaches.

- **Capacity-development of refugees and migrants from Venezuela**, increasing their resilience through information on social programmes, food and nutrition education and involvement in accountability processes in the departments with the highest concentrations of Venezuelans.

The response modalities include:

- **Food assistance** through CVA (vouchers and MPC) for the population in-destination, returnees, and host families; in-kind assistance, such as monthly food rations for families in areas with limited or no access to functional markets; highly nutritious food for children, pregnant/ lactating women, and elderly persons; and food rations/ prepared meals for the in-transit population and those engaging in pendular movements.
- **Delivery of agricultural supplies and technical assistance for rapid food production** (both at family and community levels), closing critical food gaps. These will include emergency agriculture interventions and unconditional cash transfers, followed by the provision of productive assets and capacity-building.

[352] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[353] GIFMM, Joint Needs Assessment for the population in destination, Round 2, June 2020: <https://www.r4v.info/es/documents/details/78013>.

[354] See GIFMM's Food Security and Nutrition Analysis of Secondary Sources 2019-2021: <https://colombia.immap.org/san-gifmm-analisis-de-fuentes-secundarias/>.

[355] Ibid.

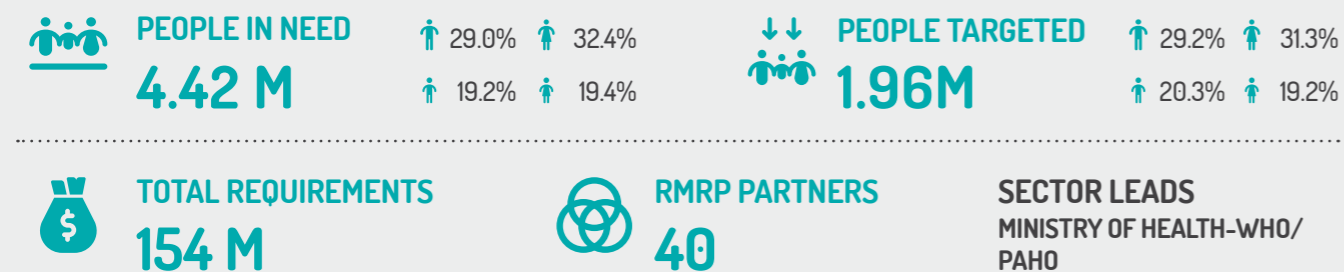
Intersectoral actions will be carried out with:

- **Education**, prioritizing interventions in early childhood education spaces and educational institutions.
- **Protection**, to mitigate negative coping mechanisms and risks of GBV and human trafficking, prevent and respond to SEA, and to support orientation activities on regularization initiatives (incl. refugee status determination, the PPT and the TPS).
- **Health**, supporting interventions in mental health and sexual and reproductive rights.

- **WASH**, promoting adequate hygiene and food preparation practices.
- **CVA** for joint market analysis.
- **Integration**, promoting a development approach and links to economic, social and employment programmes offered locally.

Articulation with the Intersectoral Commission for Food Security and Nutrition (CISAN)³⁵⁶ and with civil society organizations will strengthen the efficiency and sustainability of interventions.

HEALTH



PRIORITY NEEDS

In 2022, support for effective access to health services will be a key priority, particularly for the estimated 77 per cent of interviewed refugees and migrants from Venezuela who are not affiliated with the national health insurance system,³⁵⁷ and the 26 per cent of households with at least one member diagnosed with a chronic disease.³⁵⁸ Priority health needs include: i) sexual and reproductive health (SRH), including maternal and perinatal care, information on voluntary interruption of pregnancy, contraception and gynecological services, STI prevention and management and response to sexual violence; ii) chronic non-communicable diseases (NCDs), including high-cost diseases, such as HIV/AIDS or cancer; iii) mental health³⁵⁹; iv) COVID-19 response and vaccination; v) children's health; and vi) preventive health at the community level to reduce the burden on the health system caused by COVID-19. Identified needs are most acute in border areas and departments with a high concentration of refugees and migrants in destination, in transit, those engaging in pendular movements, returnees,

and affected host communities, as well as areas with low population density and health response capacities.

RESPONSE STRATEGY

The Health Sector's response priorities are to:

1. Promote effective access and healthcare through interventions in prioritized areas, prioritizing vulnerable populations,³⁶⁰ care packages³⁶¹ and intersectoral coordination in low-populated areas and territories with limited access to services³⁶² and in border areas and departments with a high concentration of refugees and migrants from Venezuela.
2. Increase affiliation to the national healthcare system³⁶³ through institutional strengthening, enhancing communication on access to insurance, identification of non-affiliated persons, and campaigns against discrimination in the process of affiliation.

[356] The CISAN is composed of Colombian government institutions involved in food security and nutrition affairs.

[357] According to data from the JNA in June 2021, more than 75 per cent of members of surveyed households were not currently affiliated to any of the health regimes; additionally, the lack of health affiliation (65 per cent) was the main limitation for accessing treatment.

[358] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>. The cost of treatment (43 per cent) and lack of documentation (26 per cent) were other limitations to accessing health services.

[359] 38 per cent of interviewees reported anxiety, depression, crying episodes or reduced sleep hours. GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[360] Pregnant and lactating women, and children, among other profiles.

[361] Care packages comprise a minimum of access to services: from diagnosis or control, to care, basic and specialized diagnostic tests, follow-up, and access to medicines.

[362] Such as Arauca, Cauca, Caquetá, Chocó, Guainía, Guaviare, Meta, Nariño, and Vichada departments.

[363] In line with the Ten-Year Public Health Plan 2022 – 2031 (currently being formulated) and with national regularization efforts for Venezuelan refugees and migrants through the TPS. See more at: <https://bit.ly/3oc4S81>.

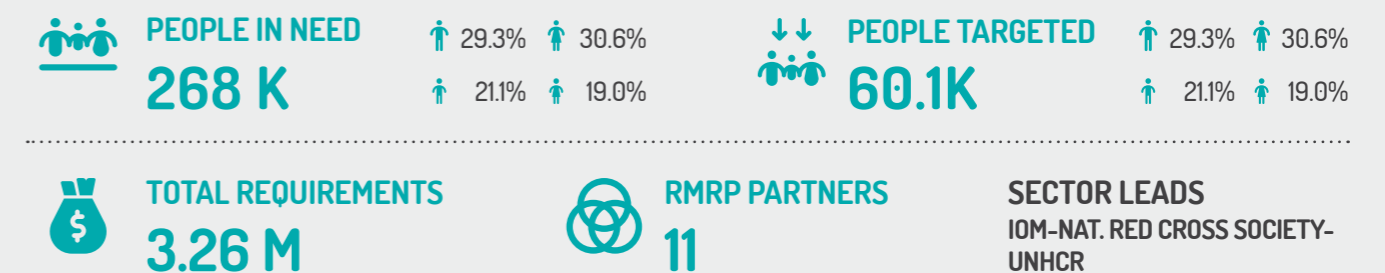
3. Promote emergency and preventative healthcare for those in-transit and engaging in pendular movements, as well as capacity development at the local and community level.³⁶⁴

Partners will coordinate with health authorities to provide a complementary and sustainable response, expanding access to health services through direct care and activities reaching communities,³⁶⁵ and monitoring the health situation and needs of refugees and migrants. Also, partners will improve access to services for refugees and migrants, and support institutions and communities³⁶⁶ through equipment donations to public hospitals, provision of healthcare personnel and technical support to identify gaps and barriers, to expand access to the national health insurance system,³⁶⁷ and to provide health benefit plan services for non-affiliated refugees and migrants from Venezuela, involving key institutions (e.g. National Civil Registry Office, Migration Colombia and DNP/SISBEN³⁶⁸). The Sector will strengthen local capacities for a comprehensive health response, considering AGD, disability, ethnicity, and protection approaches.

The response will include joint interventions with:

- **Protection and GBV**, to ensure effective exercise of the right to health, dissemination of information on affiliation mechanisms, legal support and case management for GBV survivors.
- **Shelter and Humanitarian Transportation**, to accompany emergency responses through support in these areas.
- **Cash Working Group**, to identify vulnerable profiles to then provide with assistance for access to healthcare and sanitation services.
- **Food Security and Nutrition**, to offer support to children, pregnant women, and people with medical conditions and acute nutritional risks, and distribute guidelines on nutritional health, breastfeeding and prevention of malnutrition.
- **WASH**, to coordinate strategies on sanitation and hygiene (to prevent waterborne diseases) in health facilities, and an integrated emergency response.

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

Humanitarian transportation seeks to ensure that refugees and migrants from Venezuela can relocate in an orderly, dignified and safe manner to a destination within the country. This includes transportation to locations other than the current destination location, including for integration and family reunification; daily local transportation to access services and employment; and border-to-border transportation for the in-transit population. All these are subject to agreement with the Government of Colombia, and ongoing advocacy efforts are taking place. The main barriers refugees and migrants

from Venezuela face in accessing safe means of transport are a lack of financial resources and their irregular situation, as transporters are not allowed to provide services to those in irregular situations. According to the *JCMM*, 96 per cent of those in transit in Colombia as of August 2021 were in an irregular situation.^{369,370}

As a result, refugees and migrants from Venezuela have resorted to walking or taking unofficial means of transportation in difficult geographic and climatic conditions. According to the *JCMM*, 62 per cent of those entering or re-entering Colombia mainly transit on foot. One third of those entering from or

[364] Which should include technical support, medical equipment supplies, and health staff reinforcement, particularly in areas with less institutional development, such as border areas and low-budget municipalities.

[365] Especially for comprehensive and problem-solving care, including cases in which direct care in health institutions is required.

[366] Support from partners focuses on strengthening community health and community-based surveillance to improve the monitoring of public health events and effective access to health services.

[367] Known as the General System of Social Security in Health (SGSSS), of the Ministry of Health and Social Protection. See Affiliation to the General Health System: <https://bit.ly/2XUNsll>.

[368] The System for the Identification of Potential Beneficiaries of Social Programs (SISBEN) is administered by the National Planning Department (DNP). See more at: <https://bit.ly/3uyDiCY>.

[369] *JCMM*, January - August 2021: <https://www.r4v.info/es/document/gifmm-colombia-caracterizacion-conjunta-sobre-movimientos-mixtos-enero-agosto-2021>

[370] According to the REACH Rapid Needs Assessment - People in Transit, during 2021, only 4 per cent of key informants reported that they or their travel group had entered Colombia through an official border crossing. See <https://bit.ly/2WnopGY>. Colombia complete repository at: <https://bit.ly/3kX989k>.

returning to Venezuela reported having experienced security risks during their transit in Colombia, mainly robbery, physical violence, and threats.³⁷¹ They are also exposed to risks of GBV, forced recruitment by armed actors, child abuse, human trafficking, smuggling and health incidents. In addition to these risks for the population in transit, for refugees and migrants in destination, their vulnerability increases due to difficulties in accessing safe day-to-day transportation to obtain goods and services within cities or municipalities.

RESPONSE STRATEGY

The Sector's response will be closely coordinated with national and local authorities for all types of humanitarian transportation assistance provided, whether internal or local. Priorities will be to:

- 1. Expand the provision of humanitarian transportation services** for the population in transit, prioritizing the most at-risk profiles, such as pregnant and lactating women, families with children and UASC, people with disabilities, people with critical health problems and the elderly, while avoiding family separation.
- 2. Increase local transportation assistance (within municipalities)**, facilitating access to goods and services, especially for people with specific health and protection

needs, and enabling transportation of refugees and migrants to access documentation and regularization procedures.

In close coordination and agreement with national and local authorities, transportation assistance will be provided through direct services and CVA (vouchers and tickets, as well as multipurpose and restricted cash transfers) accompanied by in-kind complementary assistance. The Sector will also work to support partners' and local institutions' operational and technical capacities to strengthen planning, preparation, departure, transit, and arrival processes.

The Humanitarian Transportation response will be coordinated with the following sectors and working groups:

- **Protection**, through case management and referral, as well as prioritization of vulnerable profiles.
- **Cash Working Group**, to coordinate assistance provided through the CVA modality.
- **Health**, for joint management of and solutions to health cases as required, and to strengthen COVID-19 preventative actions such as pre-departure screening.
- **Shelter**, for joint assistance to prioritized vulnerable profiles, exit strategies and relocation.

profiles of refugees and migrants; iii) difficulties in academic degree recognition; iv) limited availability of skills certification; v) lack of support for entrepreneurs; and vi) xenophobia and discrimination, aggravated by the deterioration of the country's economic conditions.

RESPONSE STRATEGY

The Sector's response priorities are:

- 1. Improve access** for refugees, migrants, and host communities (particularly youth, women, LGBTQI+ and indigenous peoples) to formal employment opportunities, as facilitated through a regular situation, through support services for insertion into the formal labour market and the social protection system.
- 2. Promote access** to entrepreneurship and financial inclusion, contributing to economic reactivation, particularly in regions already identified with particular potential for the inclusion of refugees and migrants.³⁷⁵
- 3. Promote social cohesion**, peaceful coexistence and the development of institutional capacities, as well as host and Venezuelan community capacities to facilitate socio-economic integration.
- 4. Support the Colombian Government's income generation strategy**, which has a strong focus on the TPS, including the Integration Centres in main cities.

The sectoral response will be provided mainly **in-kind** and through capacity development with local and national authorities, as well as service provision, knowledge management and technical assistance for those in need of employment, entrepreneurship, and social cohesion. Also, **CVA** interventions through MPC (e.g. cash for work, cash for productivity, cash for

results, and cash for purpose,³⁷⁶ including for documentation fees and recognition of diplomas or professional credentials) will mitigate barriers to labour insertion.

The response will be coordinated with the following Sectors and Working Groups:

- **Protection**, through strategies to prevent xenophobia and discrimination, provide assistance and livelihood recovery for survivors of GBV and SEA, reduce labour exploitation, prevent child labour, and disseminate information on regularization opportunities and their benefits for integration.
- **Education**, through strategies for job training, xenophobia prevention and the promotion of social cohesion in educational centres; and validation of diplomas and issuance of professional licenses.³⁷⁷
- **Cash Working Group**, linking the humanitarian response and longer-term stabilization processes through conditional cash transfers and the promotion of financial inclusion.
- **Food Security**, promoting agricultural livelihoods, reactivation of local markets for labour inclusion and enterprise development, including green jobs.
- **Health**, by promoting access to national health systems.
- **CwC**, through the dissemination of positive integration messages and information on access to services.

INTEGRATION



PEOPLE IN NEED

4.56 M



29.0%



32.3%



19.2%



19.4%



PEOPLE TARGETED

151 K



29.1%



32.1%



19.5%



19.4%



TOTAL REQUIREMENTS

134 M



RMRP PARTNERS

37

SECTOR LEADS

IOM-PADF-UNDP

PRIORITY NEEDS

The 2021 economic reactivation has not benefited all people equally. According to the Colombian National Administrative Statistics Department, the unemployment rate for Venezuelans in destination (18 per cent) and Colombian returnees (17 per cent) is higher than the national average (15.8 per cent)³⁷². Also, the **JNA**³⁷³ shows that refugees and migrants from Venezuela largely have no access to the formal labour market, and less than 20 per cent of those employed have social security coverage.

One in three work more than 48 hours per week, and more than 50 per cent earn less than the minimum wage. In terms of social cohesion, one in four respondents felt discriminated against in their community or workplace. Likewise, challenges persist in financial inclusion: less than 15 per cent of Venezuelan households have access to formal banking.³⁷⁴

The main barriers to socio-economic integration in Colombia are: i) lack of employment opportunities in the formal sector; ii) limited knowledge among employers about the skills and

[371] JCOMM, January - August 2021: <https://www.r4v.info/es/document/gifmm-colombia-caracterizacion-conjunta-sobre-movimientos-mixtos-enero-agosto-2021>

[372] National Administrative Statistics Department (DANE), Technical Bulletin on Labour Market - Comprehensive Household Survey, March 2021: <https://bit.ly/3oG94gH>.

[373] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

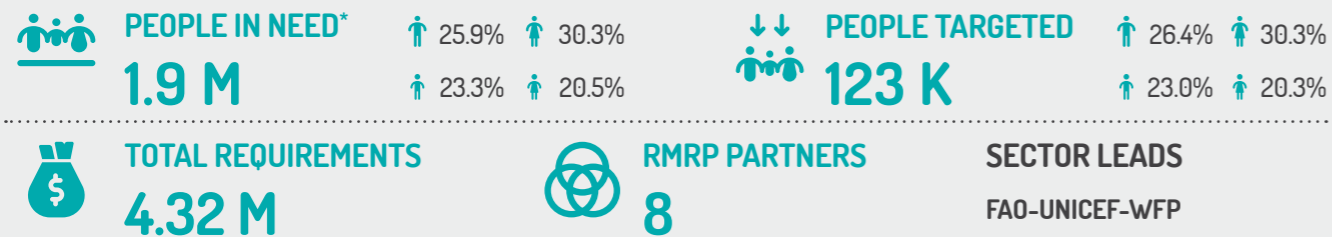
[374] Ibid.

[375] Particularly main cities such as Bogotá, Medellín, Cúcuta, Barranquilla, Cali, Bucaramanga and Cartagena, where ~50 per cent of the Venezuelan population is concentrated, according to official figures, will be targeted in this respect.

[376] See more about these modalities in the Cash Learning Partnership (CaLP) Glossary of Terms: <https://bit.ly/3CY0ei0>.

[377] In Colombia, the professional card accredits the academic training and professional suitability of an individual in a specific area of knowledge and is an indispensable requirement to practice professions that imply a social risk.

NUTRITION



*This sectoral PiN covers needs that are broader than those usually targeted by nutrition responses, and has considered variables such as extreme poverty.

PRIORITY NEEDS

Malnutrition among children, adolescents, pregnant and lactating women, and the elderly is a critical concern to be addressed. According to the JNA on the pendular population, among refugees and migrants engaged in pendular movements, 45 per cent of pregnant women were malnourished, 11 per cent of children under five were at risk of acute malnutrition, 4.5 per cent were overweight, and 23 per cent were stunted.³⁷⁸ Regarding people in transit, based on nutrition partners' programmatic data, 32 per cent of children between 6 and 59 months had anemia and 20 per cent of pregnant women were underweight.³⁷⁹ There was limited information on the nutritional status of elderly refugees and migrants.³⁸⁰

There are limited institutional, community and family capacities to support breastfeeding, complementary feeding, and critical nutrition practices, including information gaps for humanitarian workers and local institutions, communities and families. In general, breastfeeding tends to be exclusive only for infants up to two months of age, far below the international recommendation for exclusive breastfeeding in the first six months, and the use of nursing bottles to feed babies is frequent.³⁸¹

RESPONSE STRATEGY

The Nutrition Sector's response priorities are to:

- **Provide nutritional assistance,** including nutritional assessment, micronutrient supplementation for children and pregnant/lactating women, and preventive management of acute undernutrition, with ready-to-use supplements in departments with a high concentration and transit of refugees and migrants.
- **Support health and social protection services to identify and treat acute undernutrition** in children under five years of age, underweight pregnant women, and elderly adults (to be included in needs assessments) at nutritional risk in the departments with the highest transit and permanence of refugees and migrants.

[378] GIFMM JNA-P, June-July 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-para-poblacion-pendular-junio-julio-2021>.

[379] Internal data on nutritional care for children, pregnant and lactating women in Colombia reflecting the period of December 2020 - March 2021 and as provided by UNICEF Colombia. Please notice that this information is not statistically representative.

[380] GIFMM Secondary Data Review 2019-2021: <https://colombia.immap.org/san-gifmm-analisis-de-fuentes-secundarias/>.

[381] PAHO/WHO, Fact Sheet: Infant and Young Child Feeding, June 2021: <https://bit.ly/3CWN84u>.

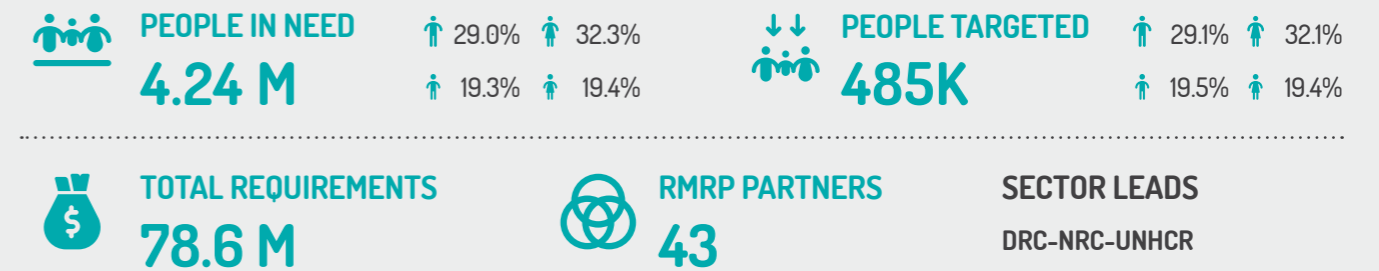
- **Capacity-building** in breastfeeding, complementary feeding, and infant nutrition for mothers, fathers, caregivers, and health workers.
- Nutrition Sector partners will provide **service support to health institutions** for i) nutritional assessments to identify malnutrition and micronutrient deficiencies; ii) micronutrient and LNS (Lipid-based Nutrient) supplementation for undernutrition; and iii) medical and nutritional care to identify, manage, and follow-up on acute malnutrition cases in children under five and pregnant and lactating women. Sector partners will also **build capacities and raise awareness** of families, community agents and health workers in breastfeeding, complementary feeding, and essential nutrition practices.

The Sector will integrate actions with the following Sectors:

- **Education** and **Protection**, by complementing actions, particularly in early childhood spaces, reducing the risk of GBV and SEA, and supporting the orientation of refugees and migrants regarding regularization opportunities.
- **Health**, by complementing strategies for maternal and child health, mental health, and sexual and reproductive rights.
- **WASH**, by promoting handwashing and hygiene practices in relevant settings for refugees and migrants.
- **Food Security**, by complementing actions regarding food and nutrition education, micronutrient supplementation and infant and young child feeding practices (IYCF) counselling in food assistance delivery points.

Coordination with committees such as the CISAN and civil society organizations, supporting the efficiency and sustainability of interventions and promoting the inclusion of refugees and migrants from Venezuela in Colombia's social protection systems will also be key components of the nutrition response.

PROTECTION



PRIORITY NEEDS

According to the JNA, 68 per cent of refugees and migrants from Venezuela surveyed were in an irregular situation, undermining the exercise of their rights and access to basic services, including security of rental tenure.³⁸² Regularization is key to reducing vulnerabilities to such protection threats and risks, including for indigenous persons, Afro-descendants and UASC. Despite important efforts by the Colombian Government and R4V partners throughout 2021, barriers persist for refugees and migrants from Venezuela to regularize their situation through civil documentation, nationality procedures, and asylum and residency processes (including the TPS).³⁸³

Especially for those refugees and migrants from Venezuela who entered Colombia irregularly after 31 January 2021, and who are therefore not eligible for the TPS, resolution of their situations of irregularity remains of particular concern, and will be considered under existing asylum and migratory regularization procedures.

Refugees and migrants in vulnerable situations, especially those in-transit (including '*caminantes*'), those using irregular border crossings in remote locations and engaging in pendular movements, as well as women-headed households and UASC, are exposed to additional protection risks posed by irregular armed groups.³⁸⁴ Overall, refugees and migrants from Venezuela in Colombia have been affected by forced displacement, forced recruitment, trafficking, abuse and exploitation. According to the JNA, 13 per cent of surveyed households had to leave their homes in Colombia in 2021 for reasons related to violence and discrimination.³⁸⁵

RESPONSE STRATEGY

The Protection Sector's response priorities are to:

1. Ensure access to regularization, including the TPS, through assisted pre-registration and actions to promote biometric registration, while also ensuring access to the refugee status determination (RSD)/asylum procedures for those with international protection concerns; provide legal assistance to Venezuelans during regularization and asylum procedures; and promote information dissemination to prevent fraud in these processes.
2. Strengthen orientation, registration and referral services to assist refugees and migrants with specific protection needs (including indigenous people and those who are not eligible for the TPS) at the border, along the transit route and in rural areas, including through Support Spaces and temporary shelters.
3. Develop two-way communication strategies with refugees, migrants and host communities, to reduce gaps in access to rights and services, promote local integration and reduce xenophobia through peaceful coexistence projects.

The Protection Sector will provide direct technical assistance to refugees and migrants from Venezuela, in particular to assist with accessing regularization opportunities. The Sector will provide MPC and other CVA interventions to refugees and migrants with specific protection needs (see hereto also Protection Sub-sector chapters).³⁸⁶ Inter-agency protection responses for access to regularization initiatives, case management and community protection mechanisms will be implemented through Support Spaces, mobile units, community-based protection networks and mechanisms. Capacity-building and technical support will be provided to

[382] 32 per cent of households surveyed in June 2021 were at risk of eviction; this situation is mainly associated with the lack of inability to pay rent (85 per cent) and/or utilities. GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[383] See Danish Refugee Council (DRC), July 2021, Considerations on progress and barriers to access to Colombian Nationality for the population coming from Venezuela: <https://bit.ly/2Xumm4a>. Also see GIFMM JNA, June 2021, full report at: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>. Refugees and migrants in an irregular situation have a lower probability of completing the TPS/ETPV process: 31 per cent vs. 41 per cent of the population in a regular situation.

[384] Attacks against the civilian population rose by 38 per cent in 2021, due to the increased presence of multiple armed non-state actors. Humanitarian Advisory Team, 30 August 2021, Humanitarian Impact and Trends between January and July 2021: <https://bit.ly/3AnQ0G0>.

[385] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[386] According to partners' activities, CVA will be targeted to the population in destination and host communities, and mainly women at risk, children with specific needs (such as UASC), elder persons at risk, indigenous peoples, and to address legal and physical protection needs.

the relevant authorities to strengthen protection systems and actors at the national and local levels. Such modalities will follow AGD approaches, to provide differentiated assistance adapted to the specific needs and risks of the affected population.³⁸⁷

The Protection Sector will coordinate with:

- **Child Protection, GBV, and Human Trafficking and Smuggling Sub-sectors** on protection considerations for specific groups.
- **Integration**, for the implementation of regularization mechanisms, and to prevent xenophobia.
- **Health, GBV and PSEA**, for mental health response, sexual and reproductive health and prevention of exploitation and

abuse.

- **Shelter and Humanitarian Transportation**, on the protection approach to temporary shelters, response to evictions and humanitarian transportation services.
- **Education**, to promote protection responses within educational spaces.
- **Communication and CwC**, to create information materials and feedback mechanisms.
- **Cash Working Group**, for Multipurpose Cash Assistance (MPC) targeting and standardization.
- All sectors, on the protection and intersectoral approach in Support Spaces and service points.

CHILD PROTECTION



SECTOR LEADS
IOM-UNHCR

PRIORITY NEEDS

Refugee and migrant children from Venezuela, especially UASC, face heightened protection risks. The COVID-19 pandemic has negatively impacted the ability of refugee and migrant children to exercise their fundamental rights (including to education, health and documentation), while especially those in-transit and UASC are exposed to significant risks of human trafficking, family separation, GBV, exploitation and abuse or statelessness,³⁸⁸ as well as particular risks resulting from irregular armed groups, such as forced recruitment.³⁸⁹

Regarding homelessness and child labor, according to a partner's assessment,³⁹⁰ 80 per cent of children interviewed lived or stayed on the street 'always' or 'sometimes,' and 80 per cent of the children interviewed stated that they were engaged in paid activities. Regarding education, 25% per cent of children from the households surveyed in June 2021 were not enrolled in school.³⁹¹

[387] Including indigenous and Afro-descendant peoples; pregnant/nursing women and/or female heads of households; children; GBV survivors; the elderly; people with disabilities, reduced mobility and/or chronic diseases; and LGBTQI+ people.

[388] For instance, for those who cannot access (for different reasons) the "Primero La Niñez" measure, which grants nationality to children of Venezuelan parents born in Colombia since 2015. Also see GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[389] IOM, DTM, February 2021: <https://bit.ly/3tVb59e>. 21 per cent of the refugee or migrant children surveyed reported fearing armed groups, and 31 per cent feared gangs in Colombia. Two percent felt comfortable with these groups.

[390] IOM, DTM, February 2021: <https://bit.ly/3tVb59e>.

[391] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[392] Prioritizing UASC, children at risk of statelessness (see previous footnote), those in the Juvenile Penal Responsibility System (SRPA), those with disabilities and diverse sexual and gender orientations, and missing children.

RESPONSE STRATEGY

The main response priorities for the Child Protection Sub-sector are to:

1. Strengthen local and national coordination with government institutions and civil society organizations amongst R4V partners to activate protection referral pathways, case management, family reunification processes and access to nationality (especially for children of Venezuelan parents, born in Colombia).³⁹²
2. Promote prevention of protection risks and care actions in rural and urban areas to improve family, community, educational and institutional protective environments and expand child-friendly spaces, and enhance the child protection response along transit routes.

3. Support access to health services and the educational system, along with integration strategies in host communities.

In-kind assistance will be provided to strengthen protective spaces for assistance, integration and prevention of protection risks.³⁹³ **Services** to promote livelihoods and integration will be provided by R4V partners to prevent xenophobia and discrimination, violence, violation of rights, and homelessness. **Capacity-development** in the form of training of officials involved in child protection will be carried out to strengthen protection referral pathways and case follow-up, to promote regularization, to provide access to international protection as well as to health services, food, hygiene, psychosocial care, and sex education programmes. Capacity-development will be coordinated with specialized state actors to re-establish family contacts, for family reunification and for active search of missing children.

The Sub-sector will work with:

- **GBV and PSEA** on cross-cutting activities to prevent sexual exploitation and coordinate attention to child survivors.

GENDER-BASED VIOLENCE (GBV)



SECTOR LEADS
UNFPA-UNHCR-UN WOMEN

PRIORITY NEEDS

Since the onset of the COVID-19 pandemic, a concerning rise in instances of GBV has been recorded globally, and in Colombia, this has also been observed for refugees and migrants from Venezuela.³⁹⁴ This can be attributed to multiple factors, including deterioration of living conditions, increases in armed violence and crime, environmental disasters, discrimination, xenophobia, and a decrease in institutional response capacities.³⁹⁵ According to the JNA, 8 per cent of refugee and

migrant women interviewed knew a woman, girl or LGBTQI+ person who had survived an act of GBV in Colombia.³⁹⁶

Meanwhile, the institutional response to and prevention of GBV continues to be limited (due to, for example, limited shelters, safe houses and spaces, and psychosocial care for survivors³⁹⁷) which results in increased risks for survivors of domestic violence, intimate partner/ex-partner violence, and sexual violence. A particular concern is the increased violence against the LGBTQI+ population and the lack of programmes

[393] 86 per cent of surveyed children have an intention to stay; however, the protective spaces do not have the required approach to respond to unaccompanied refugee and migrant children in the territories. IOM, DTM, February 2021: <https://bit.ly/3tVb59e>

[394] In Colombia, since the beginning of the pandemic, violence against refugee and migrant women has increased by 77.7 per cent, from 2,355 cases in 2019 to 4,185 in 2020, according to the Integrated Information System on Gender-Based Violence (SIVIGE): <https://www.sispro.gov.co/observatorios/onviolenciasgenero/Paginas/home.aspx>.

[395] See GIFMM - GBV Sub-sector, Analysis of Female Heads of Household (April 2021): <https://www.r4v.info/es/document/gifmm-colombia-analisis-de-jefatura-de-hogar-femenina-abril-2021>

[396] In 2020, 7 per cent of women surveyed by the JNA had experienced gender-based violence during the health emergency. In the 2021 JNA, 8 per cent of the 1,763 women interviewed reported knowing a woman, girl or LGBTQI+ person who had survived GBV in Colombia. GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021> and summary infographic: <https://www.r4v.info/es/document/gifmm-colombia-resumen-evaluacion-conjunta-de-necesidades-ronda-1-2021>

[397] 33 per cent of refugees and migrants interviewed in June 2021 stated that they did not feel safe where they lived. GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

that incorporate AGD approaches to respond to different populations.³⁹⁸

Finally, R4V partners have identified increased incidents of sexual violence, survival and transactional sex, forced marriages/ relationships and sexual exploitation, affecting particularly those in transit and those engaging in pendular movements. There are increased risks when crossing the border and along transit routes, due to the presence of irregular armed groups and trafficking networks. There is a pressing need to strengthen local authorities' capacities for prevention, protection and response measures, and to remove barriers for GBV survivors from Venezuela to access physical and mental health services.³⁹⁹

RESPONSE STRATEGY

The GBV Sub-sector's response priorities are to:

1. Increase GBV services by R4V partners and strengthen institutional response capacities to activate GBV referral pathways, with an AGD sensitive approach focused on survivors.
2. Include GBV survivors and those at-risk in socio-economic integration programmes, targeting female heads of households, women engaged in sex work/situations of prostitution, pregnant women, persons with specific needs, UASC and LGBTQI+ persons.
3. Design and implement awareness-raising and information strategies on the prevention of GBV, trafficking, sexual exploitation and abuse, as well as on risks associated with smuggling; GBV care pathways and available services; and strengthen and promote community-based work and initiatives focused on positive masculinities.

The Sub-sector response will focus on providing direct services for care and case management for refugee and migrant GBV survivors; on creating safe spaces for women, boys, girls, youth

and LGBTQI+ persons; making referrals to other sectors for a multisectoral response; and delivering in-kind assistance and multipurpose cash assistance (MPC) for GBV survivors with special protection needs.

It will be essential to strengthen and empower women and LGBTQI+ organizations to promote networks and safe protective environments, and to strengthen government institutions' capacities, including the Ministry of Public Affairs, Family Commissioners, and health personnel, to prevent and provide comprehensive care for GBV survivors, including mental health services.

The Sub-sector will coordinate with:

- **Health**, for access to sexual and reproductive health, mental health, and clinical management of sexual violence survivors.
- **Protection**, to guarantee access to rights, regularization processes like the TPS and refugee status determination for those with international protection needs.
- **Shelter and Humanitarian Transportation**, to ensure shelter and humanitarian transportation for high-risk cases.
- **Cash Working Group**, to focus on MPC assistance for survivors.
- **Food Security and Integration**, for access to livelihoods.
- **Human Trafficking and Smuggling** Sub-Sector and the **PSEA** Task Force, to promote access to a comprehensive response to GBV survivors.
- **Communications and CwC** to develop information, guidance, and two-way communication materials.

HUMAN TRAFFICKING AND SMUGGLING



PEOPLE IN NEED

654 K

↑ 29.0% ↓ 32.2%
↑ 19.3% ↓ 19.4%



PEOPLE TARGETED

33.3 K

↑ 29.1% ↓ 32.0%
↑ 19.5% ↓ 19.4%



TOTAL REQUIREMENTS

4.38 M



RMRP PARTNERS

8

SECTOR LEADS

IOM-UNODC

PRIORITY NEEDS

Human trafficking is a serious human rights violation and a crime that compromises the dignity and security of victims. Smuggling of refugees and migrants, defined as the facilitation of illegal entry into another country, frequently exploits pre-existing socio-economic vulnerabilities and can expose them to a range of human rights violations, including through the potential to convert into situations of human trafficking. Both phenomena impact vulnerable Venezuelans, including UASC, female heads of households, indigenous and Afro-descendant persons, persons with disabilities, LGBTQI+ persons, homeless persons, those in situations of prostitution/ sex work and sexual exploitation, and those living on the streets. Barriers persist for the prevention, identification, referral, and attention to victims of human trafficking and those experiencing abuse, extortion and/or violence at the hands of smugglers, especially at the border.⁴⁰⁰

There are significant challenges due to the lack of updated data, mainly related to underreporting – given the clandestine nature of this crime – and insufficient disaggregation by nationality.⁴⁰¹ Exposure to transnationally operating networks has risen in the context of border closures linked to COVID-19: according to the *JNA*, 55 per cent of surveyed Venezuelans in Colombia as of June 2021 had entered through unofficial border crossings (94 per cent for those who entered in 2021).⁴⁰² Irregular entries have further exposed refugees and migrants from Venezuela to threats posed by armed actors that operate in some border areas.

According to a *JNA*, 11 per cent of the population in destination⁴⁰³ and 7 per cent of those engaging in pendular movements⁴⁰⁴ have had to perform some type of forced activity in Colombia, such as forced labour and prohibition from maintaining contact with their families.

[400] See the ten main travel routes that, according to the Attorney General's Office, are used by refugees and migrants from Venezuela in Colombia in the GIFMM Factsheet of the Human Trafficking and Smuggling Sub-sector (October 2020): <https://www.r4v.info/es/document/gifmm-colombia-fact-sheet-trata-y-traffic-ilicito-de-refugiados-y-migrantes>.

[401] The Observatory on the Crime of Human Trafficking of the Ministry of Interior monitors and collects data on human trafficking in Colombia (<https://bit.ly/3CutCfv>) but does not indicate how many victims are from Venezuela. Cases are also significantly underreported: there were only 721 cases of human trafficking registered in Colombia between 2013-2020. There are no public records or data on the number of smuggled persons in the country.

[402] GIFMM *JNA*, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[403] Ibid.

[404] GIFMM *JNA-P*, June-July 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-para-poblacion-pendular-junio-julio-2021>.

[405] National protocol for referrals of potential victims of trafficking, established by the Ministry of the Interior, based on Decree 1818 of 2020, which corresponds to the National Strategy for the Fight against Human Trafficking: <https://www.funcionpublica.gov.co/eva/gestornormativo/norma.php?i=154426>

[398] See Gender and GBV Alerts by the GBV Sub-sector (accessed September 2021): <https://bit.ly/3ighHul>.

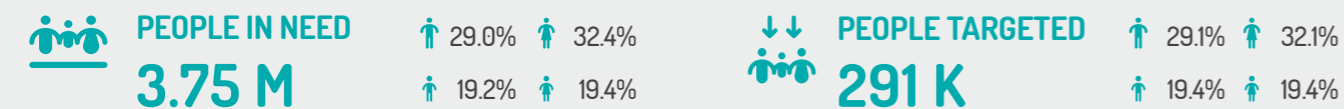
[399] Ibid.

The Sub-sector will work with:

- **Protection** and **GBV**, for technical case management.
- **Child Protection**, to identify risks and vulnerabilities that affect children.
- **Humanitarian Transportation** and **Shelter**, to ensure access to humanitarian transportation for refugees and migrants who require it, strengthen local capacity to identify potential situations of human trafficking and smuggling in temporary collective shelters, and re-establish family contacts.

- **Integration**, to guarantee the local insertion of the population at-risk and affected by trafficking and smuggling networks in host communities in the mid-term.
- **Education**, for early detection and timely referral of cases of trafficking and smuggling identified in the education system.

SHELTER



SECTOR LEADS
IOM-NAT. RED CROSS SOCIETY-
UNHCR

PRIORITY NEEDS

Access to timely, dignified, and safe accommodation is one of the primary needs of refugees and migrants from Venezuela, whether during transit or once settled in Colombia.⁴⁰⁶ Many Venezuelans face grave and concrete eviction risks, homelessness or live in unsanitary and overcrowded conditions: according to the *JNA*, 32 per cent of households considered themselves at risk of eviction, mainly as a result of the inability to pay rent and/or utilities (85 per cent).⁴⁰⁷ According to an R4V partner's assessment, a verbal agreement was the main kind of arrangement reported by the surveyed households (63 per cent) to secure housing, specifically a house or apartment, due to the lack of documentation which would allow them to reach formal agreements. Such informal arrangements create inherently insecure housing situations.⁴⁰⁸ More than one-third of surveyed households live in overcrowded conditions, which increase health risks, such as COVID-19 infection, as well as protection risks for children.⁴⁰⁹

According to surveys of refugees and migrants from Venezuela in transit, 43 per cent identified staying overnight on a street or public road as one of their main shelter strategies.⁴¹⁰

Concerning those engaging in pendular movements, one out of every six refugees and migrants has spent at least one night in the street during their transit; in Arauca Department, this proportion increases to one out of every four people.⁴¹¹

RESPONSE STRATEGY

To address these needs, Shelter partners' response will prioritize:

1. Providing temporary accommodation in collective shelters or in hotels and temporary accommodation centres, as a primary response towards immediate shelter solutions, taking into account findings (gaps and good practices) from the Sector's Characterization of Temporary Collective Shelters.⁴¹²
2. Supporting medium- and long-term comprehensive rental support strategies⁴¹³ and interventions for the improvement of housing and community infrastructure in informal settlements, in coordination with local authorities and with the Ministry of Housing, Urban and Territorial Affairs.

[406] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>; see also GIFMM JNA-P, June-July 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-para-poblacion-pendular-junio-julio-2021>. See also REACH, Assessment of Trends in Migration Movement Needs and Intentions, Round 1, April-May 2021: <https://bit.ly/3ynYpJj>.

[407] Ibid.

[408] REACH, Joint Market Monitoring Initiative, May 2021: <https://bit.ly/3COTDqI>.

[409] Ibid.

[410] REACH, Assessment of Trends in Migration Movement Needs and Intentions, Round 1, April-May 2021: <https://bit.ly/3ynYpJj>.

[411] GIFMM JNA-P, June-July 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-para-poblacion-pendular-junio-julio-2021>.

[412] GIFMM Multisector Group, Characterization of Temporary Collective Shelters (November 2021), forthcoming.

[413] Including market analysis, revision of habitability standards and eligibility criteria, mitigation of risks associated with evictions and xenophobia, among others.

3. Delivering domestic items and shelter kits to refugees and migrants to support daily household activities.

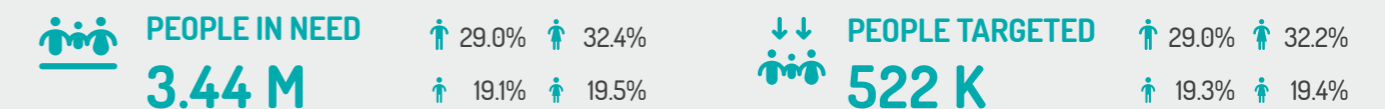
Sector partners will provide in-kind shelter solutions, such as temporary collective shelters, accommodation in hotels, provision of household items or community infrastructure interventions. Rental support will include CVA, particularly conditional cash transfers, as well as technical assistance to facilitate the conclusion of agreements with landlords (e.g. market-based interventions) and actions to promote security of tenure. The above will contribute to upholding the right to adequate housing. The Sector will also support the development of capacities of Sector partners and local authorities through operational support and technical guidance.

Shelter interventions will be coordinated together with the following sectors and working groups:

- **WASH, Education, Health, Food Security, Nutrition, CwC** and **Environment**, to ensure a comprehensive response within temporary collective shelters, especially considering the results of the Sector's Characterization of Temporary Collective Shelters.⁴¹⁴

- **Integration**, to promote the inclusion of affected host communities during planning (e.g., of temporary collective shelters, settlement interventions through infrastructure support, cash for rent within the framework of livelihood strategies) and specific activities that contribute to social integration. This will strengthen the link between exit strategies of collective and individual temporary shelters through support programmes aimed at socio-economic stabilization.
- **Cash Working Group**, through rent support and to strengthen the exit strategy of collective temporary shelters.
- **Protection**, to develop comprehensive interventions in informal settlements through practical solutions that promote refugees' and migrants' access to regularization and documentation, and the improvement of housing and community infrastructure, especially in areas where refugees and migrants cohabit with host community victims of armed violence (area-based approach).

WASH



SECTOR LEADS
ACTION AGAINST HUNGER-
UNICEF

PRIORITY NEEDS

A significant proportion of refugees and migrants from Venezuela and affected host community members in informal settlements and rural areas, as well as those refugees and migrants engaging in pendular movements and in-transit, lack access to quality WASH services that can help prevent diseases, deaths, and cases of GBV.⁴¹⁵ According to the *JNA*,⁴¹⁶ 25 per cent of Venezuelan households report poor water quality, with the most significant gaps in La Guajira and Magdalena departments.⁴¹⁷

Many sanitation services for Venezuelan households are not private, safe, or dignified: according to the *JNA*, 12 per cent do not have access to improved sanitation services, 4 per cent perform open defecation, and 41 per cent of children and women do not have adequate and private toilets. According to surveys by R4V partners in border departments, in 20 per cent of households, women and girls experienced safety incidents while using shared restrooms.⁴¹⁸

The *JNA* also shows that there is still a lack of knowledge about hygiene practices: over a third of respondents do not wash their hands before eating or as part of COVID-19 prevention

[414] GIFMM Multisector Group, Characterization of Temporary Collective Shelters (November 2021), forthcoming.

[415] GIFMM's WASH Analysis of Secondary Sources: <https://colombia.immap.org/agua-saneamiento-e-higiene-wash-wash-gifmm-analisis-de-fuentes-secundarias/>.

[416] GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>.

[417] Households in La Guajira and Magdalena departments have the largest gaps in access to water from improved sources: 49 per cent and 45 per cent, respectively, compared to 13 per cent of households on average at the national level.

[418] World Food Programme (WFP), Emergency Food Security Evaluation for migrants from Venezuela and host communities at border departments, February 2020: <https://bit.ly/3dOnTof>.

practices; 21 per cent of households do not have sinks; and for 28 per cent the washing place is more than ten steps away from the toilet. Finally, refugees and migrants from Venezuela face barriers accessing hygiene articles (including menstrual hygiene items)⁴¹⁹ due to lack of income and price increases.⁴²⁰

Response strategy

As its main priority, the WASH Sector seeks to ensure that refugees and migrants from Venezuela and affected host communities (particularly children and pregnant and lactating women) have access to quality water, sanitation, and hygiene services, preventing morbidity and deaths associated with the lack of WASH services as well as GBV situations.

Priority will be given to actions to improve access to: i) latrines and private and safe bathrooms; ii) sufficient quality water for human consumption and domestic use; iii) knowledge and habits on best practices in hygiene; and iv) access to hygiene items and services, mainly in areas such as the Caribbean region, border areas, and areas with access constraints and in informal settlements, as well as in health centres and schools.

The Sector's response modalities include:

1. Construction, rehabilitation, improvement and installation of WASH services⁴²¹ in accordance with global and national quality standards,⁴²² respectful of capacity restrictions in institutional environments, such as shelters, schools, health centres and assistance points.
2. Behavioral change strategies through messages tailored to each context, accompanied by the delivery of hygiene items, in-kind and through CVA, to refugees and migrants from Venezuela.

3. Technical assistance to authorities and communities to include refugees, migrants, returnees and affected host communities in public programmes and policies on access to and management of WASH services.⁴²³

WASH will accompany intersectoral strategies such as:

- Return to in-person **education** by improving WASH services in schools.
- Joint strategies on menstrual rights with **Health, Protection and Education**, through a protection-sensitive approach, avoiding stigmatization of girls, women, and other menstruating people in the LGBTQI+ community.
- Improvement, construction, operation, and maintenance of WASH services in Support Spaces, attention centres, **health** and community centres, **shelters**, and other key communal places.
- Community strategies around WASH services as a factor of **socio-economic and cultural integration** e.g. through community infrastructure and community management of WASH services.

[419] Although 92 per cent of households have access to menstrual hygiene products, water availability constraints prevent a less-than-optimal scenario for menstrual hygiene: only 37 per cent of households where menstruating girls and women live have a hand-washing facility within ten steps of a latrine or toilet; and one in four such households have access to water for three days a week or less. GIFMM JNA, June 2021: <https://www.r4v.info/es/document/gifmm-colombia-evaluacion-conjunta-de-necesidades-junio-2021>

[420] REACH, Fact Sheet: WASH Market Assessment for La Guajira and Norte de Santander, February 2021: <https://bit.ly/39q4pXa>.

[421] In terms of sanitation, environmental sanitation interventions are also envisaged; hygiene interventions include sinks, showers, laundry sinks and others.

[422] See the guidelines established in the Sphere Handbook: <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

[423] Response modalities will guarantee full inclusion through differential approaches such as age, gender, and diversity (AGD), ethnicity, universal access, environmental sustainability, climate change adaptation, protection, and Accountability to Affected People (AAP).



ECUADOR AT A GLANCE



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POPULATION PROJECTION 2022

803 K

PEOPLE IN NEED

873 K

PEOPLE TARGETED

548 K

VENEZUELAN IN DESTINATION

551 K

452 K

324 K

HOST COMMUNITY

-

225 K

90.1 K

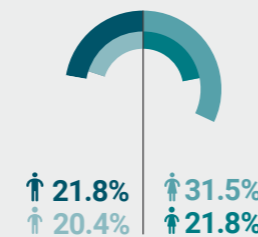
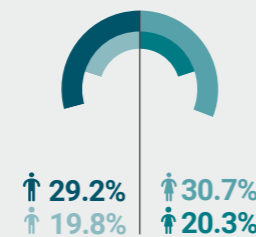
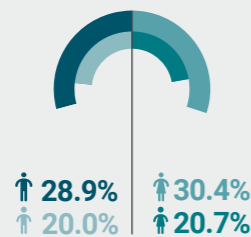
IN TRANSIT*

252 K

197 K

134 K

GENDER DISAGGREGATION

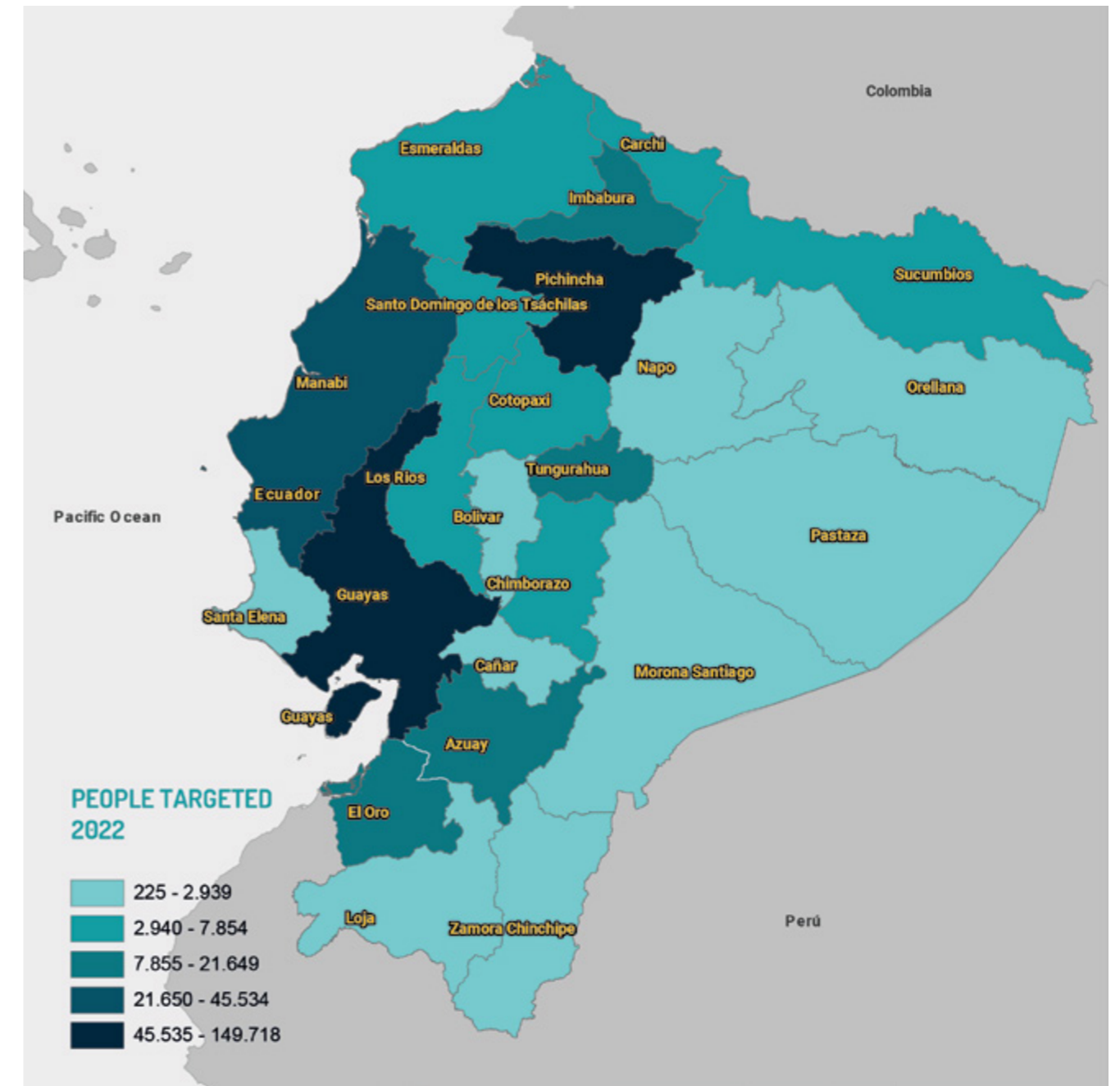


TOTAL REQUIREMENTS
\$288 M

RMRP PARTNERS
53





* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED
















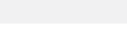

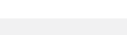

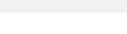

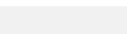



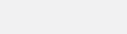


PROVINCE	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET	PROVINCE	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Pichincha	184 K	225 K	149 K	\$55.5 M	Chimborazo	7.24 K	8.89 K	5.42 K	\$3.04 M
Guayas	138 K	169 K	103 K	\$45.7 M	Cotopaxi	5.48 K	6.73 K	4.37 K	\$2.49 M
Manabi	64.0 K	78.6 K	45.5 K	\$28.3 M	Santa Elena	8.09 K	9.93 K	2.93 K	\$1.52 M
El Oro	28.0 K	34.4 K	21.6 K	\$17.7 M	Orellana	3.93 K	4.82 K	2.63 K	\$1.86 M
Azuay	20.7 K	25.4 K	15.2 K	\$17.5 M	Loja	3.34 K	4.09 K	1.72 K	\$2.75 M
Tungurahua	15.5 K	19.0 K	13.4 K	\$5.79 M	Cañar	3.23 K	3.97 K	1.16 K	\$1.81 K
Imbabura	16.7 K	20.5 K	12.7 K	\$12.4 M	Morona Santiago	1.53 K	1.88 K	475	\$450 K
Carchi	9.40 K	11.5 K	7.85 K	\$15.0 M	Pastaza	1.47 K	1.79 K	460	\$450 K
Santo Domingo de los Tsáchilas	13.1 K	16.1 K	7.63 K	\$9.51 M	Napo	1.34 K	1.65 K	433	\$450 K
Sucumbios	6.52 K	8.01 K	5.93 K	\$12.6 M	Zamora Chinchipe	811	996	304	\$443 K
Esmeraldas	7.33 K	9.00 K	5.92 K	\$9.36 M	Bolivar	644	791	225	\$438 K
Los Rios	10.8 K	13.2 K	5.56 K	\$3.39 M	Galapagos	63	-	-	\$77.3 K

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	 International NGOs	 National NGOs / CSOs [‡]	 Others ^{‡‡}	 UN Agencies
Financial requirements	14.2%	3.01%	1.68%	81.1%
Organizations	23	14	4	12

[‡] Civil Society Organizations.
^{‡‡} Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)*	Targeted In need	People targeted*	Financial requirements (USD)	Partners
 Education	221 K		140 K	18.3 M	24
 Food Security	628K		265 K	40.0 M	15
 Health	508 K		239 K	18.8 M	23
 Humanitarian Transportation	140 K		11.9 K	145 K	3
 Integration	608 K		203 K	93.7 M	35
 Nutrition	207 K		9.27 K	650 K	3
 Protection**	805 K		431 K	43.7 M	32
 Child Protection	406 K		52.9 K	7.93 M	16
 Gender-Based Violence (GBV)	221 K		138 K	7.00 M	21
 Human Trafficking & Smuggling	32 K		258	933 K	4
 Shelter	461 K		236 K	18.5 M	15
 WASH	413 K		200 K	5.03 M	10
 Multipurpose Cash Assistance	-	-	127 K	26.3 M	20
 Common Services***	-	-	-	7.44 M	17

* Refugees and migrants in-transit are included in the national totals.

** This includes Support Spaces

*** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



In May 2021, the National R4V Platform in Ecuador (GTRM, by its Spanish acronym) conducted its *third Joint Needs Assessment (JNA)* to evaluate the needs and priorities of refugees and migrants from Venezuela. Over 120 enumerators from 21 partner organizations surveyed 2,278 households,⁴²⁴ representing more than 9,000 people. Most respondents were female (80.6 per cent) and represented households of 3.9 members on average.⁴²⁵

According to the JNA, the main needs of Venezuelans in Ecuador include access to food (87 per cent), followed by employment/livelihoods (65 per cent), accommodation/shelter (53 per cent) and access to health services (25 per cent). Some of these findings, however, varied according to time spent in Ecuador,⁴²⁶ as education and documentation increased in importance for those who were in the country for over a year. Of the 46 per cent of families surveyed with school-age children, a concerning 32 per cent of children were not attending school (including remote schooling). Furthermore, 5.3 per cent of family

groups include elderly members, 9.3 per cent include people with disabilities and 18.5 per cent people with chronic health conditions. Understanding these demographic realities of the target population is key to designing interventions that address their needs and promote inclusion and access to services for refugees and migrants from Venezuela.

Regarding age groups, 45 per cent of surveyed Venezuelans were between 26-35 years old, representing a young population of working age with great potential to positively contribute to the labour market. In terms of access to livelihoods, 38.5 per cent of refugees and migrants from Venezuela surveyed are unemployed, in comparison to 6.3 per cent among their Ecuadorian counterparts.⁴²⁷ The average individual monthly income of family groups surveyed (USD 50.15 per person) is under the national poverty line (USD 84.05). Given this, and in parallel to the new regularization exercise announced in 2021 by the Government of Ecuador – a process that is currently in the planning phase, with its execution scheduled for 2022 –

[424] Due to restrictions related to the COVID-19 pandemic, the survey was conducted by phone and reached Venezuelans residing in 21 of the 24 provinces. The target population corresponds to households made up of Venezuelans or mixed family groups (Ecuadorians and Venezuelans) residing in the country or in-transit through Ecuador and who receive assistance or have received assistance (in the last 12 months) from R4V partners. Households ranged in size primarily from 1 to 4 members, but with some of over twelve members. Data was collected through a structured questionnaire together with a KOBO tool. May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>

[425] In the databases used to carry out the survey, most of the beneficiaries were women. All respondents surveyed answered questions about the entire household they represent. However, the survey also included respondents without family accompanying them. Their findings are likewise reflected.

[426] Housing/shelter is the second greatest need for families in the country for less than 6 months, but moves to third for family groups who arrived earlier. For families in Ecuador less than 1 month, documentation, hygiene items and transportation are greater needs.

[427] INEC, Encuesta Nacional de Empleo, Desempleo y Subempleo, Mayo 2021: <https://www.ecuadorencifras.gob.ec/institucional/inec-publica-cifras-de-empleo-de-mayo-2021-2/>

R4V partners plan to prioritize the socio-economic integration of refugees and migrants, promoting their self-reliance and empowering them to meet their needs in a safe and sustainable manner, while generating revenue and boosting the economy. With 73 per cent of family groups residing in Ecuador for over a year stating that they intend to continue living in Ecuador, it is key to advance with their socio-economic integration. Meanwhile, with 37 per cent of families reporting having experienced discrimination and/or xenophobic incidents, R4V partners plan to continue actions to counter xenophobia, which hinders the social integration of Venezuelans and has a direct negative impact on their access to services and integration prospects.

Documentation also represents an important barrier to integration in Ecuador: 62 per cent of surveyed Venezuelans have no visa or an expired visa, and thus are in an irregular situation; this corresponds with trends of irregularity reflected in other inter-agency assessments referred to throughout this chapter and with official population data published and regularly updated on [r4v.info](#). Regularization initiatives in the country should take into account the types of country-of-origin documents that Venezuelans have or lack, in order to design a process that is accessible to most Venezuelans: for example, the JNA showed that 69.1 per cent have a valid identity card, while only 24.9 per cent have an expired passport; 19.8 per cent have a valid passport; 9.7 per cent have an expired identity card; and 3.7 per cent have no identity documents.

RESPONSE STRATEGY

Country Planning Scenario

Ecuador is a transit and destination country for refugees and migrants from Venezuela, despite border closures and movement restrictions related to the COVID-19 pandemic. The increasingly irregular nature of these movements has led to heightened protection risks and increased vulnerabilities for refugees and migrants, and poses challenges for R4V partners seeking to identify and assist people in need. R4V partners in Ecuador developed a Border Monitoring and Population Profiling System, which has been validated with national authorities, to characterize population flows, estimate irregular movements, plan responses and provide assistance accordingly.

Following elections in 2021, the incoming Government of Ecuador announced a new regularization exercise to address the needs of hundreds of thousands of refugees and migrants from Venezuela in an irregular situation, and advance their economic and social integration. In 2022, this exercise will include registration and additional data collection processes on the current situation of Venezuelans in Ecuador. The R4V National Platform will contribute to this process by strengthening the Government's technical and operational capacities, facilitating communication with refugees and migrants from Venezuela, and coordinating the implementation of the process within the territories. While the regularization process goes hand in hand with integration efforts, it will also allow R4V partners to address the immediate humanitarian needs of refugees and migrants from Venezuela that will be identified throughout the process.

Assuming that Venezuelans will continue entering through irregular channels, it is estimated that 551,000 Venezuelan refugees and migrants will be living in Ecuador by December 2022, while some 252,000 will be transiting to third countries throughout the year.

Scope of the Response and Priorities

In 2022, the 53 R4V partners in Ecuador will focus their efforts on addressing the protection, humanitarian and integration needs of Venezuelans in all 24 provinces of the country, including by providing technical and material support to the Government and direct assistance to refugees and migrants to promote their access to the new regularization process. In parallel, R4V partners will prioritize promoting access to decent work, supporting self-employment, reducing xenophobia, improving access to financial services, social safety nets and documentation as well as other strategies to advance refugees' and migrants' self-reliance and contribute to their successful integration in Ecuador. Where appropriate, R4V partners will provide multipurpose and sectoral cash and voucher assistance (CVA) and promote complementarity between CVA and livelihoods, to avoid dependency on humanitarian assistance and positively contribute to reactivating the country's economy. Strategic partnerships with development actors, financial institutions and the private sector will promote sustainability and a long-term vision for refugees' and migrants' integration in Ecuador.

R4V partners will work in coordination with relevant national and local government actors to build capacities and strengthen the asylum system and migration services, address protection risks, and mainstream human mobility considerations into public policies to foster the inclusion of refugees and migrants from Venezuela in social protection systems and public services such as health, education, and WASH. Inclusive protection and integration strategies will target Venezuelans in-need living in Ecuador as well as vulnerable members of affected host communities, particularly in the provinces of Pichincha, Guayas, Manabí and Azuay. It is estimated that four cities host over half of the Venezuelan refugee and migrant population, namely Quito, Guayaquil, Manta, and Cuenca, respectively.⁴²⁸

The response will also address the most urgent needs of refugees and migrants from Venezuela, taking into account the needs of affected host communities to safeguard their well-being, focusing on vulnerabilities and protection concerns arising from irregular movements and the resulting impact on the local population. Food and non-food items (NFIs), temporary shelter, communication with communities (CwC), protection case management (for family reunification, GBV cases, unaccompanied and separated children, etc.) and other forms of emergency assistance will be directed mainly to Venezuelans in-transit through Ecuador, particularly in border provinces such as Carchi and El Oro, but will also take into account those living in more vulnerable contexts elsewhere, as well as the needs of their host communities, taking into consideration the economic impact of the COVID-19 pandemic. CVA for food, health, shelter and other sectoral responses will complement in-kind assistance and will be delivered both

to people in-transit and those living in Ecuador in vulnerable situations to safeguard their well-being while helping to support local markets.

Geographical prioritization of the response will be based on needs identified through the JNA, the Secondary Data Review, and other relevant information. Targeting criteria will be applied based on prioritization methodologies, taking into account protection and socio-economic considerations and inter-agency coordination tools. Two-way communication will be improved to involve refugees and migrants and host communities throughout the programme cycle and receive direct input in programme decisions, based on solid and proactive feedback mechanisms. This implies taking into account their needs, concerns and capacities in all phases of humanitarian response, respecting their right to be heard and to be involved in decisions that affect their lives.

Response Principles

Gender and age considerations have been integrated into the planning process, including through the use of the Gender and Age Marker (GAM), with over 50 per cent of R4V partners in Ecuador aiming to mainstream gender, age and disability, and another 17 per cent focusing on gender mainstreaming. Moreover, approximately 60 per cent of partners in Ecuador reported that an environmental assessment influenced or partially influenced the design of their RMRP activities.

With regards to GBV prevention, risk mitigation and response, the Protection Sector and its Sub-sectors will work in a complementary manner with the Government's Secretariat for Human Rights to implement GBV protocols and organize training on the protection of LGBTQI+ people in displacement contexts. The WASH Sector will prioritize menstrual hygiene management, access to services for persons with disabilities, and ensuring safe access to sanitary installations in schools, temporary shelters and along travel routes to mitigate GBV risks. The Education Sector will promote comprehensive education on adolescents' sexual and reproductive health.

Regarding PSEA, the RMRP 2022 strategy in Ecuador includes the Food Security Sector implementing risk assessments with actors and institutions that deliver food, such as shelters

and community kitchens; the Child Protection Sub-sector identifying PSEA focal points amongst the different partners; and the Protection Sector and its Sub-sectors leading capacity development initiatives on PSEA with all R4V partners.

Accountability to affected populations (AAP) and the centrality of protection (CoP) principle will be at the core of all interventions by R4V partners, taking into account refugees' and migrants' capacities, needs and vulnerabilities. The "do no harm" principle will be another key consideration during follow-up and monitoring of the response, in order to establish how R4V activities have affected the well-being of refugees and migrants and affected host communities, and for the adaptation of interventions of the different R4V partners. The Food Security Sector will collect feedback through post-distribution monitoring, and the GBV Sub-sector will roll-out client satisfaction surveys. Moreover, continuous feedback will be collected through participatory assessments, Joint Needs Assessments and Rapid Inter-agency Assessments, among other initiatives, to inform R4V partners' programming. CwC will be strengthened to ensure effective access to information on available services, rights and responsibilities, in close collaboration with community-based organizations, to enhance local capacities. For this, R4V partners will seek to develop intersectoral campaigns and products to inform refugees and migrants and host communities about access to programmes and/or services using languages, formats and means of communication that are easily understandable and culturally appropriate.

[428] Based on school enrolment data from the Ministry of Education, school year 2020-2021.



CASH AND VOUCHER ASSISTANCE (CVA)

The *JNA* showed that a lack of financial resources and/or income represents the main barrier for Venezuelans to cover their basic needs. Accordingly, the higher the income, the more Venezuelan households reported having sufficient access to food. Aggravated by the COVID-19 pandemic, an estimated 37 per cent of Venezuelans live in poverty, while 28 per cent live in extreme poverty.⁴²⁹ Relatedly, 66 per cent of surveyed Venezuelan families who had to move from their homes mentioned they were in search of cheaper housing. Access to services is also impeded by the lack of economic resources to pay for transportation, technology to access remote education, medicines, and documentation fees, among others. According to the JNA, a Venezuelan household with up to 4 members has an average combined income of just USD 158.20 per month, which is considerably less than the Ecuadorian *basic family expenditure basket* for 4 people (USD 712.85) or the *vital family expenditure basket* (USD 502.90). While 52 per cent of Venezuelan households reported only having work income, the main source of non-labour income is humanitarian assistance (31.9 per cent) including from R4V partners.

More humanitarian actors in Ecuador have started using CVA as an implementation modality because of the COVID-19 pandemic: for the RMRP 2022, 21 partners plan to provide sectoral CVA (including Food Security, Health, Shelter and Education), while 20 partners will deliver multipurpose CVA through recurring as well as one-time cash assistance. CVA represents 24 per cent (USD 70M) of RMRP 2022 activities in Ecuador. The Cash Working Group will coordinate CVA approaches to ensure complementarity, including tailoring transfer amounts to cost-of-living and expenditure baskets; aligning CVA across provinces and organizations; harmonizing transfer mechanisms; and advocating to improve access to financial services and ease *Know Your Customer (KYC)* requirements (identification and authentication standards for financial services) for refugees and migrants.

Venezuelan households consulted in the JNA prioritize spending on different areas mostly food, housing, health, education, and hygiene. Thus, the first priority of the CVA Working Group will be to support R4V partners to gradually transition from vouchers and sector-specific CVA towards multipurpose CVA, increasing the amount of funds transferred under multipurpose CVA. To accomplish this, the Working Group will provide technical assistance to CVA actors and support studies to inform the design of interventions.

The second priority will be to further engage with financial service providers (FSP) to expand available solutions to deliver CVA to refugees and migrants from Venezuela, most of whom lack valid documentation. The Working Group will share experiences and solutions from other countries with a goal to apply those in Ecuador through collaborative initiatives such as the UN Common Cash System (UNCCS), the Collaborative Cash Delivery Network (CCD) and the Cash Learning Partnership (CaLP).

The third priority will be to promote exchanges among partners on best practices to monitor the results of multipurpose CVA and to collect evidence to inform and improve their design.

[429] WFP, Emergency Food Security Assessment (EFSA), 2021: <https://www.r4v.info/es/document/pma-analisis-de-vulnerabilidades-socioeconomicas-de-la-poblacion-venezolana-en-ecuador>

EDUCATION



PEOPLE IN NEED

221 K

↑ 13.6% ↓ 17.8%
↑ 34.8% ↓ 33.8%



PEOPLE TARGETED

140 K

↑ 10.5% ↓ 13.5%
↑ 50.3% ↓ 25.7%



TOTAL REQUIREMENTS

18.3 M



RMRP PARTNERS

24

SECTOR LEADS

UNESCO-UNICEF

PRIORITY NEEDS

In Ecuador, there are 4.3 million students in the national educational system, but just 2 per cent (82,938) are from other countries, such as Venezuela (64 per cent, amounting to 52,982 students).⁴³⁰ Comparing data from the Ministry of Education and GTRM population estimates, less than 40 per cent of Venezuelan school-age children are attending school or child development services. However, by 2022, as part of efforts to improve access to education for refugees and migrants, it is expected that the public education system will expand to include more than 120,000 Venezuelan children and adolescents. Priority needs to improve educational access and inclusion for the Sector are:

- Address the **lack of economic resources**, noting that 74 per cent of Venezuelan children who do not attend school state that this is due to a lack of economic resources in their households.⁴³¹
- Improve school retention and the quality of learning in the public educational system: for those in **virtual learning** (more than 90 per cent), provide resources to improve connectivity (less than 40 per cent have access to adequate internet, and only 8 out of 100 Venezuelan children have a computer or tablet for their exclusive use);⁴³² and for those returning to **in-person instruction**, remove barriers related to the cost of transportation, school supplies, and biosecurity supplies.
- Support **improvements to educational infrastructure**, both in terms of the quantity and quality of physical spaces. Currently, 44 per cent of educational institutions do not have adequate WASH services.⁴³³
- Implement existing national regulations to support the inclusion of vulnerable populations, as well as enhance referrals and develop efficient protocols to identify out-of-school children.

Teachers also require additional support to take care of the emotional well-being and mental health of their students.

During the COVID-19 pandemic, 30 per cent of children reported feeling very stressed or distressed, and 56 per cent said they are learning less, according to an R4V partner assessment.⁴³⁴ This issue deserves special attention for refugee and migrant children due to the ruptures and losses caused by their particular situation.

RESPONSE STRATEGY

In this context, the main priority for the Education Sector is to strengthen refugee and migrant children from Venezuela's access to, permanence in, and completion of the national education system. This includes providing remedial classes, support to complete homework, and other school preparation and accompaniment support. Partners will also provide specialized attention to Venezuelan adolescents (age 15 and above) who are more vulnerable to dropping-out of school to financially support their families; to unaccompanied or separated children and adolescents (UASC); children with disabilities; and to pregnant adolescents, as well as those at risk of gender-based violence.

The Sector will work in close coordination with the Ministry of Education, education-focused NGOs and other stakeholders to meet the needs of students and reduce economic, technological and documentation gaps, paying special attention to out-of-school children and adolescents. School supplies will be provided in-kind and through CVA. Psychological assistance will be complemented with training of school personnel to implement Ministerial Agreements 025 and 0026 – A⁴³⁵ (related to the national policy on inclusive education and preventing discrimination in access to education) as well as guidelines to school districts in order to facilitate access for vulnerable groups that usually do not fit the necessary requirements to enroll in school.

Coordination with the WASH, Health and Protection Sectors will be essential to ensure a comprehensive response that includes infrastructure improvements, capacity-building of the

[430] Ministry of Education, March 2021: <https://educacion.gob.ec/datos-abiertos/>

[431] IOM, Displacement Tracking Matrix (DTM), Round 10, March 2021: <https://dtm.iom.int/reports/ecuador-%E2%80%94-monitoreo-de-flujo-de-poblacion-venezolana-ronda-10-febrero-marzo-2021>

[432] UNICEF-Ministry of Education, Educational Community Assessment, November 2020.

[433] UNICEF-Ministry of Education, WASH assessment in schools, July 2020.

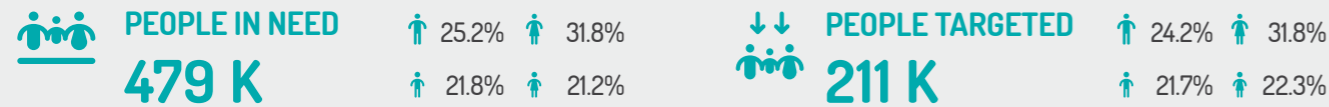
[434] UNICEF-Ministry of Education, Educational Community Assessment, November 2020.

[435] <https://educacion.gob.ec/wp-content/uploads/downloads/2021/05/MINEDUC-MINEDUC-2021-00026-A.pdf>

education community, and psychosocial support to teachers and students. The Education Sector will also produce joint educational-communication strategies and information

materials through a sectoral outreach strategy defined with the CwC Working Group to reach a greater number of people with a consolidated message.

FOOD SECURITY



PRIORITY NEEDS

The COVID-19 pandemic and the related economic crisis has had an enormous negative impact on the food security situation of refugees and migrants from Venezuela, as well as host communities. Although general economic conditions have improved over the latter part of 2021, and the effects of the health crisis should be further reduced as the vaccination process advances, food insecurity amongst the most vulnerable Venezuelans is expected to persist throughout 2022. According to the JNA⁴³⁶ conducted in May 2021, the main need of surveyed Venezuelan households in Ecuador continues to be access to food: 73 per cent of the surveyed population stated that they did not have enough food. As of early 2021, a total of 61 per cent of Venezuelans in Ecuador suffered a situation of food insecurity, which was severe in 6 per cent of cases.⁴³⁷

RESPONSE STRATEGY

The Food Security Sector will coordinate the actions of 15 partner organizations, aiming to: 1) improve the food security situation of the most vulnerable refugees and migrants, both in-transit and in-destination, including through spaces that provide nutritious food; 2) increase harmonization of food assistance programmes to enhance their efficiency, including by strengthening intersectoral cooperation; and 3) strengthen food security strategies that engage the most vulnerable host community populations, which will help to reduce xenophobia against refugees and migrants from Venezuela. The delivery of food assistance to both in-transit and in-destination populations will prioritize households with pregnant and lactating women, children under five, the elderly, and people with disabilities and/or serious illnesses. This targeting of

assistance will be implemented ensuring the incorporation of gender-sensitive approaches and enhancing cooperation with host communities. Direct assistance will be complemented by information campaigns and messages that help refugees and migrants and vulnerable members of host communities improve their food and nutritional security.

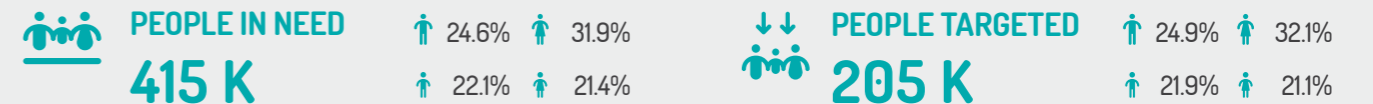
The main modality of assistance in 2022 will be CVA, especially through rechargeable and single-use cards that can be used to purchase nutritious food. This strategy will be complemented with the direct delivery of food (in-kind, especially at the borders); food assistance provided through shelters and community kitchens; and with support to improve agricultural production capacity. Assistance will be targeted to provinces of the country with high concentrations of refugees and migrants from Venezuela (mainly Pichincha and Guayas) but the response will cover 16 provinces across the country.

Providing an adequate food security response requires intense intersectoral coordination, especially with the Nutrition, Shelter, WASH and Protection Sectors. An intersectoral approach is necessary, for example, to ensure that a child identified with chronic malnutrition receives integrated food and nutrition services from multiple R4V partners. Similarly, refugees and migrants housed in temporary accommodations are to benefit from cooperation between shelter providers and food delivery services. The Protection, Education and Food Security Sectors will also work together to assist UASC, by establishing and/or strengthening coordination tools to improve information exchange and referrals.

[436] GTRM Ecuador, JNA, May 2021: <https://www.r4v.info/es/document/gtrm-ecuador-evaluacion-conjunta-necesidades-mayo-2021>

[437] WFP, Emergency Food Security Assessment (EFSA), February 2021: <https://www.r4v.info/es/document/pma-analisis-de-vulnerabilidades-socioeconomicas-de-la-poblacion-venezolana-en-ecuador>

HEALTH



PRIORITY NEEDS

For the Health Sector, responding to the COVID-19 pandemic – both by providing direct assistance to refugees and migrants, and by strengthening the national health system's capacity to respond – has been and will remain a priority. Vaccination exceeded 20 million doses administered by October 2021, corresponding to approximately 55.5 per cent of the population fully vaccinated, in a campaign that includes refugees and migrants from Venezuela, led by the Public Health Ministry and supported by R4V actors (including through communication campaigns, logistical support, and gap reporting).

Mobility restrictions and the pressures on the health system have led to a reduction of primary healthcare services and unmet needs among refugees and migrants for tuberculosis and/or HIV/AIDS treatment, sexual and reproductive health care, vaccinations (other than COVID-19) and other essential health services. According to the JNA, 62 per cent of surveyed households have healthcare needs in Ecuador not specifically linked to COVID-19 (76 per cent of those for general healthcare, 24 per cent for specialized health services, 10 per cent for prenatal care, and 6 per cent for sexual and reproductive health services and access to contraception) yet 21 per cent of families with health needs could not access health services due to a lack of available appointments, COVID-19 restrictions, transportation costs, and xenophobia. In addition, 46 per cent of women and 54 per cent of men reported suffering emotional distress and mental health problems due to their irregular situation in the country.⁴³⁸

In 2022, the priority of the Sector is to support the Public Health Ministry to complete the COVID-19 vaccination programme and reach the largest number of refugees and migrants from Venezuela possible. In addition, the Sector will prioritize providing guidance/referrals to access the public health system, delivering direct assistance to vulnerable refugees and migrants (including in cases of chronic diseases, pre- and post-natal control, primary and psychosocial care), strengthening the capacities of public institutions and raising awareness in sexual and reproductive health (including access to contraceptive methods and HIV tests).

RESPONSE STRATEGY

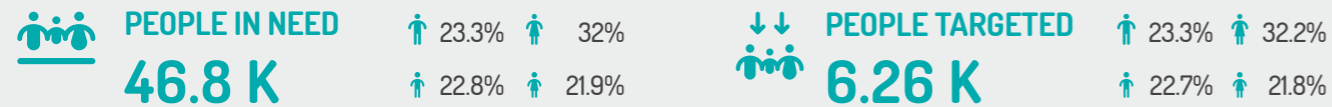
The Health Sector response in 2022 will include 21 partners nationwide, prioritizing border provinces. It aims to: 1) improve access to timely and adequate medical care and treatment (including medicines and referrals) for refugees and migrants from Venezuela, to reduce the risk of mortality and complications associated with chronic diseases; 2) provide primary healthcare services, such as vaccines, maternal and child health, sexual and reproductive health, family planning and contraception, and mental health services; 3) ensure access to the national COVID-19 vaccination plan and the inclusion of refugees and migrants in community contagion mitigation strategies, such as neighborhood committees for epidemiological surveillance, vaccination promotion, and the delivery of personal protection kits; 4) deliver psychological first aid for refugees and migrants in vulnerable situations, in order to promote their psychosocial well-being and to strengthen their resilience, both individually and through community approaches; and 5) strengthen national health frameworks, such as policies and plans, to integrate and ensure coverage of refugees and migrants, especially in the face of highly complex health conditions and potential new outbreaks of COVID-19 and other health emergencies.

The Sector will focus on providing technical assistance to the Ministry of Public Health, including local-level health centres, through the delivery of equipment, medical supplies and personal protective equipment (PPE). Moreover, partners will provide direct care (including through the purchase/provision of medicines in vulnerable cases; direct delivery of contraceptives; and primary healthcare) as well as support refugees and migrants to access the public health system (through support in obtaining appointments and accompaniment for vulnerable cases) and through psychosocial care and awareness-raising activities (such as monitoring of individual and group cases, and awareness talks on the right to mental health for refugees and migrants). Delivery of CVA for health is foreseen for extremely vulnerable cases.

Collaboration with the WASH and Education Sectors will be prioritized to promote referrals of students in need to health services and to ensure that WASH facilities meet health standards. Health Sector partners will be encouraged to share information on actions, beneficiaries, and geographical locations to promote coordinated interventions.

[438] IOM, Análisis comparativo del monitoreo de flujo de la población venezolana en Ecuador entre 2018-2019, 2020: <https://bit.ly/3rqrerlv>

HUMANITARIAN TRANSPORTATION



SECTOR LEAD
IOM

PRIORITY NEEDS

Assuming that travel restrictions will relax and borders will gradually reopen in 2022, but that visa and other requirements to enter the country will remain, refugees and migrants from Venezuela will likely continue to use irregular crossings to enter and transit through Ecuador, as well as unsafe travel strategies, such as walking long distances in adverse conditions, leading to health risks and exposure to protection risks (including trafficking and smuggling), particularly for women, boys, girls and adolescents. Lack of resources and documentation will further restrict access to safe transportation within the country. In this context, the number of refugees and migrants from Venezuela entering the country in perilous conditions and lacking resources to safely reach their destinations in Ecuador is anticipated to increase in 2022, making humanitarian transportation a core activity to mitigate this situation.

Moreover, Venezuelans residing in Ecuador in vulnerable situations require support for transportation to access employment and basic services. According to the *JNA*, the need for humanitarian transportation is highest among refugees and migrants who have been in the country for less than a year. Humanitarian transportation can be vital for newly arrived refugees and migrants, as they have fewer means to access services and assistance. Considering this context, and the reduction of consular services capacities nationwide, R4V partners will provide internal humanitarian transportation in safe conditions to families in vulnerable situations in need of family reunification and those wishing to reach destinations in Ecuador, including to access consular services in distant cities, mainly from border areas to urban centres, as well as day-to-day transportation to access shelter, health services and employment.

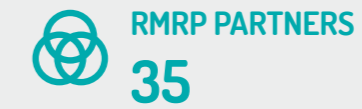
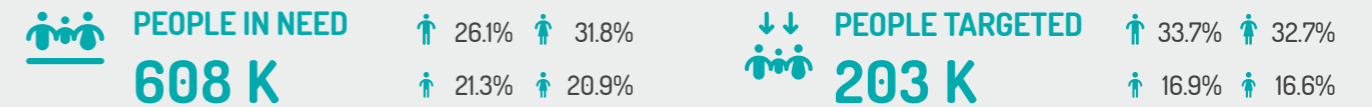
RESPONSE STRATEGY

In 2022, the main priorities for the Humanitarian Transportation Sector's response are (1) the provision of humanitarian transportation from borders to urban centres, to help Venezuelan refugees and migrants safely reach their destinations within Ecuador; and (2) daily transportation to access employment and shelter, as well as services such as health, consular, and specialized services. Information on safe routes and safety on the road will also be provided as a strategy to mitigate protection risks.

The Humanitarian Transportation Sector will coordinate actions of 3 partners to provide internal transportation to refugees and migrants in 10 provinces, but mainly in the northern and southern border provinces of Carchi, El Oro and Sucumbios, where the arrival of refugees and migrants is concentrated. Assistance will be provided in the form of payment to transportation providers.

Activities developed by the Sector will complement the response provided by the Protection Sector and its GBV and Human Trafficking and Smuggling Sub-sectors. Coordinated activities will aim to assess and mitigate sexual exploitation and abuse risks for refugees and migrants while benefitting from transportation services. Collaboration with other Sectors such as Health, Integration and Shelter will be fostered in order to provide transportation as a means to access multisectoral services.

INTEGRATION



SECTOR LEADS
IOM-UNDP

PRIORITY NEEDS

Advancing socio-economic integration strategies for refugees and migrants will be a main priority for R4V partners and the Government of Ecuador in 2022. The *JNA* showed that 86 per cent of surveyed Venezuelans lack sufficient income to cover their basic needs, while other studies found that employed Venezuelans in Ecuador receive an average salary that is 42 per cent lower than that of Ecuadorians.⁴³⁹ 38.5 per cent of Venezuelans surveyed for the *JNA* reported not having jobs. Regarding the demographics of the Venezuelan population in Ecuador: according to the *JNA*, 45 per cent of refugees and migrants are between 26 to 35 years old, while around 23 per cent have a higher education degree, representing a qualified workforce that can foster Ecuador's economic development.⁴⁴⁰

Meanwhile, there are several factors that determine those most in-need of targeted support from the Integration Sector, namely: the economic impact of the COVID-19 pandemic on the livelihoods of particularly vulnerable groups (including youth, GBV survivors, informal workers, entrepreneurs and children); challenges in complying with documentation requirements; barriers to access financial services; challenges in the recognition of professional qualifications; and increasing xenophobia and discrimination against Venezuelans. R4V partners have also identified the need to strengthen collaboration with the private sector, including as an important means to combat discrimination, which is one factor inhibiting greater employment of Venezuelans.⁴⁴¹

RESPONSE STRATEGY

Integration Sector interventions will be carried out by 35 partners in 23 provinces, making it the Sector with the largest geographical reach. Provinces with greater concentrations of refugees and migrants in-destination (Pichincha, Guayas, Manabí and Azuay) will be prioritized. Partners will focus on 4 main axes:⁴⁴²

- Promoting formal employment and entrepreneurship.** Based on labour market analysis and Venezuelans' professional experience and skills, the Sector will implement capacity-building and job placement activities to enable refugees' and migrants' integration into the formal labour market and support innovative and resilient businesses in order to promote self-employment.
- Financial inclusion.** The Sector will improve access to financial services through microfinance, financial education, technical assistance, and through the creation of community-based savings and loans associations.
- Social cohesion.** Partners will conduct campaigns against xenophobia and discrimination, promoting peaceful coexistence and cultural exchanges with host communities.
- Advocacy and technical support.** The Sector will advocate with public and private stakeholders to promote the inclusion of Venezuelans in the labour market, their access to financial services and the recognition of their professional qualifications and certificates.

Activities will include the following modalities:

- Technical assistance and capacity-support to the private and public sectors.
- Direct support to refugees and migrants from Venezuela to facilitate their access to the formal labour market and promote dignified self-employment, including through trainings, in-kind assistance and CVA.
- Strategic partnerships with financial institutions and development actors to promote synergies between humanitarian and development actions to advance the Sustainable Development Goals, ensuring that no refugees and migrants from Venezuela are left behind.

The Integration Sector will work closely with the GBV and Human Trafficking and Smuggling Sub-sectors to promote

[439] World Bank, 2020: <https://reliefweb.int/report/ecuador/retos-y-oportunidades-de-la-migraci-n-venezolana-en-ecuador>

[440] IOM, Displacement Tracking Matrix (DTM) Round 10, March 2021: <https://dtm.iom.int/reports/ecuador-%E2%80%94-monitoreo-de-flujo-de-poblaci%C3%B3n-venezolana-ronda-10-febrero-marzo-2021>

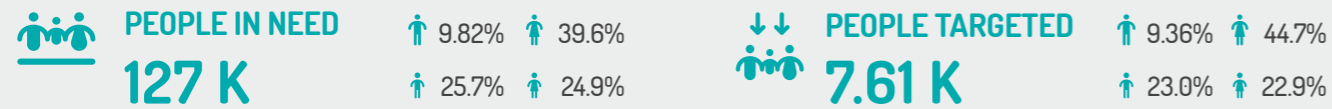
[441] ILO, Tacit and explicit barriers to the employment of people in a situation of human mobility in Ecuador, July 2021: <https://www.r4v.info/es/document/oit-barreras-tacitas-y-explicitas-al-empleo-de-personas-en-situacion-de-movilidad-humana>

[442] In line with the Regional Socioeconomic Integration Strategy, which articulates actions of the RMRP, the Quito Process, and the UN Global Compact, 10 March 2021: <https://www.r4v.info/en/node/5743>

economic empowerment of GBV survivors and victims of trafficking; with the Education Sector for the validation of academic and professional degrees; and with the Protection

Sector to advocate for social protection initiatives and regularization processes.

NUTRITION



PRIORITY NEEDS

Ecuador faces a major nutritional crisis, reflected in a high prevalence of stunting among both the host community (affecting 25 per cent of children) as well as refugees and migrants (18 per cent of children).⁴⁴³ Stunting is the result of sustained poor nutrition and/or repeated infection leading to impaired physical growth and cognitive development. The significant proportion of affected children in Ecuador means that efforts to reduce child malnutrition should be a priority when assisting both refugees and migrants from Venezuela and host communities.

The COVID-19 pandemic has contributed to a deterioration of the economic situation in the country and worsened the situation of household food insecurity, which is one of the determinants of child nutrition: according to the *JNA*, 73 per cent of refugee and migrant households in Ecuador face difficulties accessing adequate and sufficient food. The pandemic has also impacted health and nutrition services, such as vaccine and micronutrient supplementation coverage amongst children and pregnant and lactating women, which can also contribute to worsening the nutritional status of refugee and migrant children and women. Overall, refugees and migrants from Venezuela in-transit are particularly vulnerable to nutrition deficiencies, as access to food of sufficient quality and quantity can be irregular during the journeys, resulting in an increased need to monitor and protect their nutritional status.

RESPONSE STRATEGY

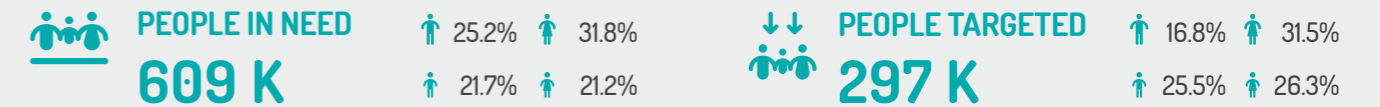
To respond to nutrition needs, Sector partners in 2022 will focus their actions on: 1) producing a characterization of the population of refugees and migrants from Venezuela as well as vulnerable affected host community members under five years of age to identify and assess their nutritional needs; 2) undertaking nutrition brigades to provide nutrition services and link families to public health services; and 3) distributing nutritional supplements to prevent malnutrition and providing nutrition counselling to families with children under two years old. Children under five, pregnant and breastfeeding women and their families will be targeted to receive nutrition assistance, particularly in the cities of Guayaquil, Machala, Quito and cities in main border areas, both along the northern border with Colombia and the southern border with Peru.

Nutrition Sector partners will provide direct attention through health and nutrition brigades, direct assistance to people in-transit, and nutrition counselling services.

In close collaboration with other relevant Sectors, these activities will be complemented by CVA, particularly by partners providing food vouchers, who will also deliver nutritional counselling to families. Additionally, nutritional assessments will support the promotion of refugees' and migrants' access to public health services and other key services such as early child education, protection and WASH through referrals.

[443] See wasting prevalence for children below 15 years old as of 2019, in World Bank, Retos y oportunidades de la migración venezolana en Ecuador, 2020: <https://documents1.worldbank.org/curated/en/453941593004490155/pdf/Retos-y-Oportunidades-de-la-Migracion-Venezolana-en-Ecuador.pdf>

PROTECTION



PRIORITY NEEDS

According to the GTRM's Border Monitoring and Population Profiling System, an average of 1,500 people a day entered the country irregularly during 2021. The ongoing closure of land borders leads to increased protection risks for people in-transit, including exposure to abuse, extortion, smuggling and trafficking networks, security risks, and violence. It is estimated that by end-2021 *more than 60 per cent* of the 482,000 Venezuelans residing in Ecuador will be in an irregular situation. Irregularity limits socio-economic integration prospects, which, in turn, increases protection risks: for example, as per JNA data, more than 70 per cent of surveyed Venezuelan households reported that they were severely struggling to meet their essential needs and had to resort to measures such as borrowing money from friends and family (52 per cent), begging for money on the streets (17 per cent), removing children from school (3 per cent) and sending children to work (3 per cent). These negative coping mechanisms further heighten protection risks, particularly for women, children, and adolescents. Given this context, the main priority of the Protection Sector in 2022 is to support the Government in implementing broad and flexible regularization processes to provide legal alternatives for Venezuelans in an irregular situation. Moreover, it is estimated that 48 per cent of Venezuelans in the country need orientation on access to refugee status determination (RSD), documentation and migration pathways, and their corresponding rights and services.⁴⁴⁴

RESPONSE STRATEGY

The Protection Sector will, through its 31 partners, strengthen mechanisms to identify refugees and migrants from Venezuela at risk and ensure their access to protection, including through alternative care arrangements, family reunification, access to asylum and/or regular or temporary residence or humanitarian visas. To support Venezuelans' access to regularization and documentation procedures, the Sector will strengthen registration processes through technical and material assistance to relevant Government actors, and provide direct assistance to refugees and migrants. The Sector will also promote the adoption of public policies related to regularization that align with best practices and ensure the removal of obstacles for the regularization of refugees and migrants, and

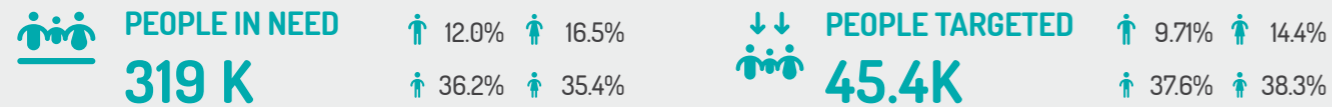
strengthen the capacities of state actors to facilitate access to territory, to asylum systems as well as to specialized protection pathways for those in vulnerable situations. Sector partners will engage in capacity-building (training, technical expertise, provision of equipment and human resources) with civil society and public sector personnel, migration officials, judges and public defenders, including the cantonal and provincial Boards of Rights Protection, the Ombudsman's Office, and Public Defenders. Protection partners will strengthen case management and referral pathways to address priority protection needs of the targeted population, with special emphasis on border areas such as Tulcán, Lago Agrio, Ibarra and Huaquillas, and in the main cities where Venezuelans live, such as Quito, Guayaquil, Manta and Machala. Finally, partners will support community-based protection activities, including strengthening of local grassroots committees, building "protective communities" trained to identify people at risk and to make referrals, and women's and LGBTQI+ groups.

The main response modalities include strengthening institutional protection actors at local and national levels through capacity development to better prevent, mitigate, and respond to rights violations, exploitation and abuse, and other protection issues affecting refugees and migrants. Partners will also provide direct assistance through legal counselling, identification and case management for specific protection needs. Sectoral CVA will be provided to support access to regularization processes and cover fees and expenses associated with document production and authentication, and transportation to service providers.

The Protection Sector will strengthen coordination with its GBV, Child Protection and Human Trafficking and Smuggling Sub-sectors, to harmonize and avoid duplicating responses among the 43 partners. The Sector will also collaborate with the Integration Sector to link regularization processes with those that facilitate access to livelihoods opportunities, for example, by advocating for access to work in the formal labour market and to documentation required for formal employment. In coordination with the Shelter Sector, technical support will be provided to government agencies and civil society actors in order to prevent evictions and provide safe and dignified housing alternatives to refugees and migrants.

[444] UNHCR, Protection Monitoring in Ecuador, April – June 2021: <https://www.r4v.info/es/document/acnur-ecuador-monitoreo-de-proteccion-q2-2021-15-julio-2021>

CHILD PROTECTION



PRIORITY NEEDS

According to the JNA, 85 per cent of Venezuelan households surveyed in Ecuador have children and adolescents in the family nucleus. Of these, 22 per cent indicated that they have children born in Ecuador. The significant presence of children and adolescents participating in human mobility in precarious conditions generates several child protection challenges, among them, the prevalence of unaccompanied and separated children (UASC); children at-risk due to a lack of access to education and health services, as well as housing, nutrition, water and sanitation; and irregularity and lack of documentation of children and adolescents.

Children on the move remain at higher risk of being separated from their families and/or being exposed to violence, abuse and exploitation (as 21 per cent of Venezuelan families interviewed in the JNA reported experiencing domestic violence, and 37 per cent of households had experienced instances of discrimination in Ecuador). Related to this, comprehensive child protection case management and referrals to local and national protection systems remain a priority need, especially for unaccompanied and separated children (UASC) and adolescents from Venezuela. Access to regularization processes and identity documents is also a priority, as many children and adolescents lack birth certificates and nationality documentation, which exposes them to risks of statelessness while undermining access to basic services. Finally, according to the JNA, employment/livelihoods remain among the top three needs for Venezuelan households. These precarious socio-economic conditions generate stress within families and lead to negative coping mechanisms, resulting, in turn, in a need for access to formal education and non-formal education spaces, as well as to develop skills for integration into adult life and to strengthen psychosocial support (PSS) interventions as a complementary strategy to support the integration of children and their families in Ecuador.

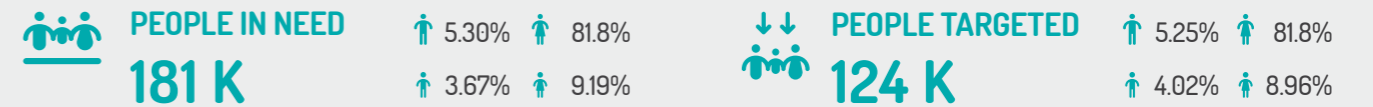
RESPONSE STRATEGY

The Sub-sector will prioritize providing protection services for refugee and migrant children from Venezuela to facilitate regularization and documentation processes, including by providing specialized legal assistance to ensure birth registration and nationality documentation consistent with international standards. The expansion of PSS will also be a priority and will be implemented through child-friendly spaces for children and adolescents from Venezuela as well as affected host communities, to foster integration and social cohesion from a young age. PSS strategies will be oriented towards community initiatives, capacity-building and developing life skills. R4V partners will focus on the provision of critical protection-related assistance and specialized services, including case management and referrals, through an integrated approach by strengthening local authorities' capacities and conducting advocacy at the national and local levels.

Response delivery will include direct assistance to children and adolescents and their families through in-kind assistance, CVA and the provision of specialized child protection services (including distribution of baby kits, legal assistance, material support to unaccompanied and separated children/adolescents, among others). The Sub-sector will also focus on capacity-support to government actors involved in child protection systems.

Child Protection Sub-sector strategies must closely integrate those of the general Protection, Education and Health Sectors, as well as the GBV Sub-Sector in order to ensure a more effective and integrated response for Venezuelan refugee and migrant children. Multi-sectoral actions contemplated for 2022 include: mainstreaming of child protection within school environments to promote peaceful coexistence and foster integration; prevention of family violence through community-based interventions, care for caregivers and parenting support; and collaboration with local health authorities to guarantee children's physical and mental well-being and nutrition.

GENDER-BASED VIOLENCE (GBV)



PRIORITY NEEDS

Women, girls and LGBTQI+ people face higher risks of gender-based violence (GBV) and difficulty in accessing necessary services due to fear, shame, impunity, lack of knowledge about services, and mistrust in the system. Furthermore, the hypersexualized perception of Venezuelan women and adolescents makes them particularly vulnerable to sexual violence and exploitation.⁴⁴⁵ In a survey of refugees and migrants from Venezuela in Ecuador, 12 per cent reported that they knew of another refugee or migrant who had experienced GBV; of these, 38 per cent knew of women who had experienced physical violence (66 per cent) or sexual violence (18 per cent).⁴⁴⁶

The COVID-19 pandemic has had differentiated impacts based on gender, with confinement measures forcing more women and girls to stay with their aggressors in unsafe spaces with a high risk of violence. The Integrated Security Services (ECU911) received a total of 79,217 emergency reports related to domestic violence between January and October 2021, an increase of 26 per cent compared to the same period in 2020. Despite not disaggregating by nationality, it is fair to assume that women, children and LGBTQI+ Venezuelans previously exposed to various vulnerabilities were also affected by increased rates of domestic violence as members of host communities were, in addition to experiencing violent evictions by landlords. Moreover, 46 per cent of women report having suffered emotional distress during the COVID-19 pandemic, and 53 per cent did not seek assistance.⁴⁴⁷ Among LGBTQI+ people interviewed, 50 per cent reported having experienced abuse: among men, this corresponded to 26 per cent.⁴⁴⁸

RESPONSE STRATEGY

The key priorities for the Sub-sector will be to strengthen the infrastructure and capacities in specialized shelters for survivors of GBV and the LGBTQI+ population; to deliver comprehensive response services for GBV survivors, including through case referrals and application of standard GVB procedures; and

to strengthen the capacity of Government institutions, civil society actors and Sub-sector partners to prevent and respond to GBV, including by providing support and training.

In this context, partners will work to enhance the inclusiveness of GBV services, in particular with respect to access for LGBTQI+ persons, in line with the specific needs they may have, and will conduct capacity development on matters related to protection of persons with diverse sex, sexual orientation and gender identity (SSOGI). Moreover, a key priority will be to support the implementation of the Single Registry of Violence (RUV; by its acronym in Spanish) Against Women, as part of the comprehensive national system to prevent and eradicate gender-based violence, to guarantee safe response services to refugee and migrant women who experience GBV. Sub-Sector partners will disseminate GBV standard operating procedures, referral pathways and protocols, and courses on case management and clinical management of sexual violence across the country. The response will also focus on coordinating existing services for GBV survivors so they can have safe access to psychosocial support, legal assistance, justice, health (including sexual and reproductive health), helplines, and dignity kits. Additionally, the Sub-sector will develop strategies for communication with communities (CwC) to share life-saving information. Furthermore, the Sub-sector will implement methodologies that aim to engage with men and boys in order to promote positive masculinities, rebalance power relationships, and contribute to safer communities. Finally, the Sub-Sector will work with service providers to incorporate self-care and well-being mechanisms for staff, to mitigate secondary trauma that can be experienced by professionals who support survivors of GBV.

The main modalities of assistance in 2022 will include capacity-support and institutional strengthening of the public sector and Government agencies responsible for protection – specifically the Secretariat for Human Rights, the National Council for Gender Equality, and the Ministry of Health – including through support for self-care for professionals who work with GBV survivors, as well as direct assistance to refugee and migrant

[445] CARE, An uneven emergence: rapid gender analysis on the refugee crisis in Colombia, Perú, Ecuador and Venezuela, 2020.

[446] IOM, Comparative flow analysis monitoring of the Venezuelan population in Ecuador between 2018-2019, 2020: <https://reliefweb.int/report/ecuador/lisis-comparativo-del-monitoreo-de-flujo-de-la-poblacion-venezolana-en-ecuador-2018>

[447] Equilibrium – CenDE, COVID-19 y el aumento de la brecha de género en la población migrante venezolana, 2020: <https://equilibriumcende.com/covid-19-brecha-genero/>

[448] CARE, Análisis Rápido de Género Ecuador, 2019: <https://www.care.org.ec/wp-content/uploads/2020/06/CARE-Analisis-Rapido-Genero-Ecuador-Nov20192.pdf>

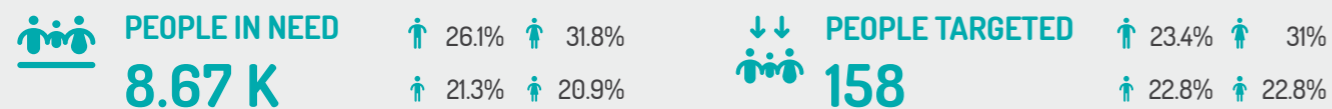
GBV survivors provided through case management, clinical management of GBV, and dignity kits. 21 GBV Sub-sector partners will implement the response across the country, with emphasis on the northern and southern borders, as well as Guayas, Manabí, and Pichincha provinces, as locations with large refugee and migrant populations.

The Sub-sector will prioritize joint and coordinated interventions, particularly with the Shelter and Health Sectors, to ensure safe accommodations for survivors of GBV, access to health services (including physical, mental, and sexual and reproductive health) and identification and referral of survivors. Coordination with the Integration Sector will be key to promote economic recovery and access to livelihoods for GBV survivors.

police and army officials; 2) in-kind assistance for victims; 3) technical support on mechanisms to prevent revictimization for relevant Government agencies, with an emphasis on institutions that are part of the national and local committees for the prevention of trafficking in persons and protection of victims; and 4) comprehensive case management.

The Health, Integration, Food Security and Shelter Sectors will be essential to complement the services provided by specialized organizations of the Sub-sector. Victims of trafficking will be included in these Sectors' prioritization criteria, and the Sub-sector will jointly carry out trainings on trafficking indicators, detection and referrals of victims in order to mainstream protection against trafficking and smuggling into their respective interventions.

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

According to the Ministry of Government,⁴⁴⁹ 457 victims of trafficking have been identified since 2016, and 33 cases of smuggling of migrants since 2018. These numbers likely represent just a fraction of the total number of people affected in Ecuador, given that both crimes are, by their nature, clandestine and under-reported. The National Action Plan for the Elimination of Trafficking in 2019-2030 (PACTA, by its Spanish acronym) indicates that the most common purpose of human trafficking in Ecuador is sexual exploitation (80 per cent), followed by labour exploitation (11 per cent).

There are several factors that put people at risk of being victims of human trafficking, and as noted in the *JNA*, many Venezuelans in Ecuador share those characteristics, including being in an irregular situation (62 per cent), having to ask family or friends for money to meet basic needs (52 per cent), facing discrimination (37 per cent) and experiencing some form of violence in the household (21 per cent). Access to justice and protection for refugees, migrants, and host community members who are victims of trafficking is challenging. The lack of specialized capacities, and limited human and economic resources are all gaps that will be addressed. It is imperative to take actions to prevent and prosecute these crimes as well as provide protection for victims. In this regard, strengthening capacities of governmental and non-governmental

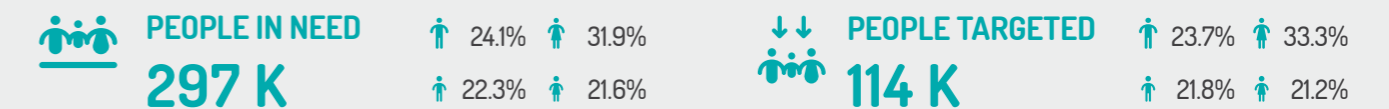
RESPONSE STRATEGY

Strengthening capacities of governmental and non-governmental actors, supporting state institutions in the implementation of protection actions, and trainings on sensitization and prevention at the national and community levels are priorities. Specialized capacity-support will focus on government institutions that have a responsibility to act on the 3 Ps (prosecution, protection, prevention), as well as on border officers to provide them with tools to identify situations of trafficking and smuggling, with a human-rights and victim-centred approach, and within the existing framework of local committees.⁴⁵⁰ Service providers engaged in case management will receive training on how to identify and respond to victims and make safe referrals to institutions and specialized organizations.

R4V partners will work with institutional actors to strengthen protection services, by: 1) developing technical guides, tools, and protocols; 2) improving specialized shelter spaces that meet established guidelines for adults and children, including particularly women and girls; and 3) providing direct assistance to victims of trafficking, those who experienced abuse, extortion and/or violence at the hands of smugglers, and other people at risk. The Sub-sector will also carry out communication campaigns as part of a prevention strategy, with messages tailored to local realities, and engage community actors to activate referral pathways. Finally, the economic empowerment of victims of trafficking, exploitation and abuse, coupled with psychosocial and legal support, will be key responses.

Priority response modalities include: 1) training for immigration,

SHELTER



PRIORITY NEEDS

The housing and shelter situation of refugees and migrants as well as of affected host communities remains concerning for 2022: according to the *JNA*, access to shelter and housing is among the top three needs of refugees and migrants from Venezuela in Ecuador. With more than 250,000 refugees and migrants projected to transit through the country during 2022, the risks they are exposed to during their journeys will be aggravated if they do not have access to adequate shelter. Collective shelter solutions are a vital survival mechanism for refugees and migrants, as they restore personal safety and dignity. Support for equipment and human resources in collective shelters is needed as part of a comprehensive shelter response.

Access to affordable and adequate housing solutions has also worsened during the pandemic: 33 per cent of refugee and migrant families surveyed through the *JNA* considered their accommodations to be unsuitable. Out of those, 46 per cent of surveyed refugees and migrants lived in overcrowded housing, 44 per cent had other poor living conditions (e.g. the lack of WASH facilities), and 33 per cent lacked furniture. In this context, there is low residential permanence as refugees and migrants move from one place to another, looking for more affordable shelter options or better conditions, or due to evictions. Refugees and migrants from Venezuela also often lack access to safe spaces for social integration and peaceful coexistence with host communities.

RESPONSE STRATEGY

In line with the needs identified above, the three main priorities for the Shelter Sector's response are to: 1) increase the capacity and quality of temporary shelters for refugees and migrants at border points and at strategic points throughout the transit

routes to Peru and Colombia, including by supporting collective shelters through providing equipment, improving facilities, and strengthening management capabilities; 2) provide basic assistance through the distribution of non-food items (NFIs) for transit and essential household items in reception centres at borders and along intermediate points of the route for the population in transit, as well as support to community centres that provide assistance to refugees, migrants and affected host communities; and 3) support sustainable longer-term housing strategies for Venezuelan refugees and migrants in-destination by providing improvements to accommodations, training on rental rights, cash for rent, improving community infrastructure and equipping individual and common spaces. These activities will focus on cities with a larger presence of refugees and migrants from Venezuela.

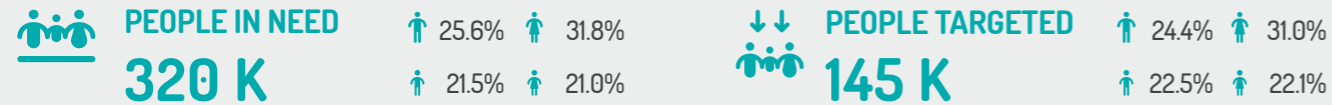
Modalities for the delivery of assistance will include in-kind distribution of NFIs for transit household items, and equipment and construction materials delivered directly to refugees and migrants; CVA for rent and repairs as well as for NFIs; support to collective shelters, including operational and financial support, capacity-building and technical support for training in management and protection; infrastructure and/or public service support to improve community spaces; and information campaigns on shelter and safe construction.

The activities developed by 18 Shelter Sector partners will be implemented in coordination with the Protection, WASH and Integration Sectors, with whom harmonized systems and procedures will be rolled-out to avoid duplications and gaps. The Shelter Sector will also provide technical expertise and support to other Sectors, such as Health, Education and Integration.

[449] See Ministry of Government: <http://www.trataytrafico.gob.ec/home> and the Action Plan Against Human Trafficking in Ecuador (PACTA) 2019-2030: <https://www.ministeriodegobierno.gob.ec/wp-content/uploads/downloads/2019/12/PLAN-DE-ACCIO%CC%81N-CONTRA-LA-TRATA-DE-PERSONAS-1.pdf>

[450] Ibid.

WASH



PRIORITY NEEDS

The pandemic context, including progress in COVID-19 vaccinations as well as the gradual lifting of mobility restrictions and the reopening of schools, are determinant elements for the WASH Sector's 2022 priority needs. WASH services in schools and healthcare facilities with significant populations of refugees and migrants from Venezuela are a key priority, especially considering the COVID-19 context and the gradual return to in-person education modalities in schools. A national assessment on WASH services in schools conducted in 2020 and 2021 identified 65 per cent of schools with high or medium priority for WASH interventions.⁴⁵¹ The *JNA* also identified specific WASH service gaps that R4V partners should work to address, such as the lack of access to potable water for 19 per cent of surveyed refugees and migrants, and 76 per cent of refugee and migrant families without private sanitation facilities in private housing. Priority needs identified by the WASH Sector also include access to drinking water, sanitation and essential hygiene supplies for refugees and migrants in transit; access to WASH services in shelters; and sustainable and quality drinking water services available and affordable to Venezuelan households in rural areas.

RESPONSE STRATEGY

Based on these identified needs, the WASH Sector will prioritize: (1) providing WASH services to refugees and migrants in-transit; (2) strengthening WASH services in collective shelters; and (3) improving access to quality WASH services in schools and health centres. The transit route from Tulcán (northern border with Colombia) to Huaquillas (southern border with Peru) will be a crucial corridor along which to establish and reinforce areas of intervention to reach the vulnerable population in transit. At the same time, cities such as Tulcán, Ibarra, Quito, Manta, Guayaquil, Ambato, Riobamba, Cuenca, Machala and Huaquillas and their peri-urban neighbourhoods will be targeted to improve WASH services in shelters and schools. WASH interventions in schools will also reach an important number of people (especially children) from local host communities.

The main response modalities consist of direct service provision, including the distribution of hygiene kits to refugees and migrants to address urgent needs where cash or voucher assistance is not feasible. The latter option will also be used for people in need living in Ecuador. Capacity-building will also continue to be an important aspect of the WASH response, such as training on WASH infrastructure management and chlorination, and partners will contribute to the development of Sector policies, such as contingency planning.

Various WASH responses will have important direct linkages with other sectors, and specific integrated responses will be implemented together with the Shelter Sector (to improve WASH in collective shelters); the Health Sector (WASH in healthcare facilities and interventions related to COVID-19 infection prevention and control); and the Education Sector (for WASH in schools). Activities will also be coordinated with the Integration, Protection, Food Security and Nutrition Sectors, in order to promote hygiene measures in their respective interventions, especially in a COVID-19 pandemic context.



[451] Ecuador Ministry of Education and UNICEF. Data from report to be published by UNICEF.



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PERU

AT A GLANCE



POPULATION PROJECTION 2022

1.57 M

PEOPLE IN NEED

1.70 M

PEOPLE TARGETED

894 K

VENEZUELAN IN DESTINATION

1.45 M

1.01M

522 K

HOST COMMUNITY

-

618 K

339 K

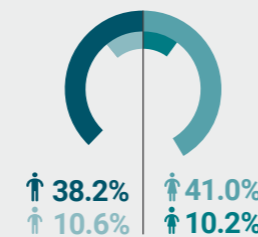
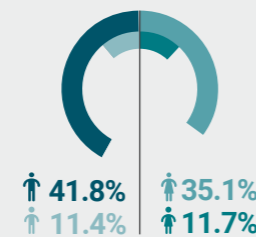
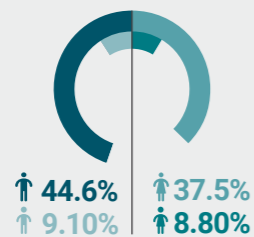
IN TRANSIT*

113 K

66.2 K

32.7 K

GENDER DISAGGREGATION

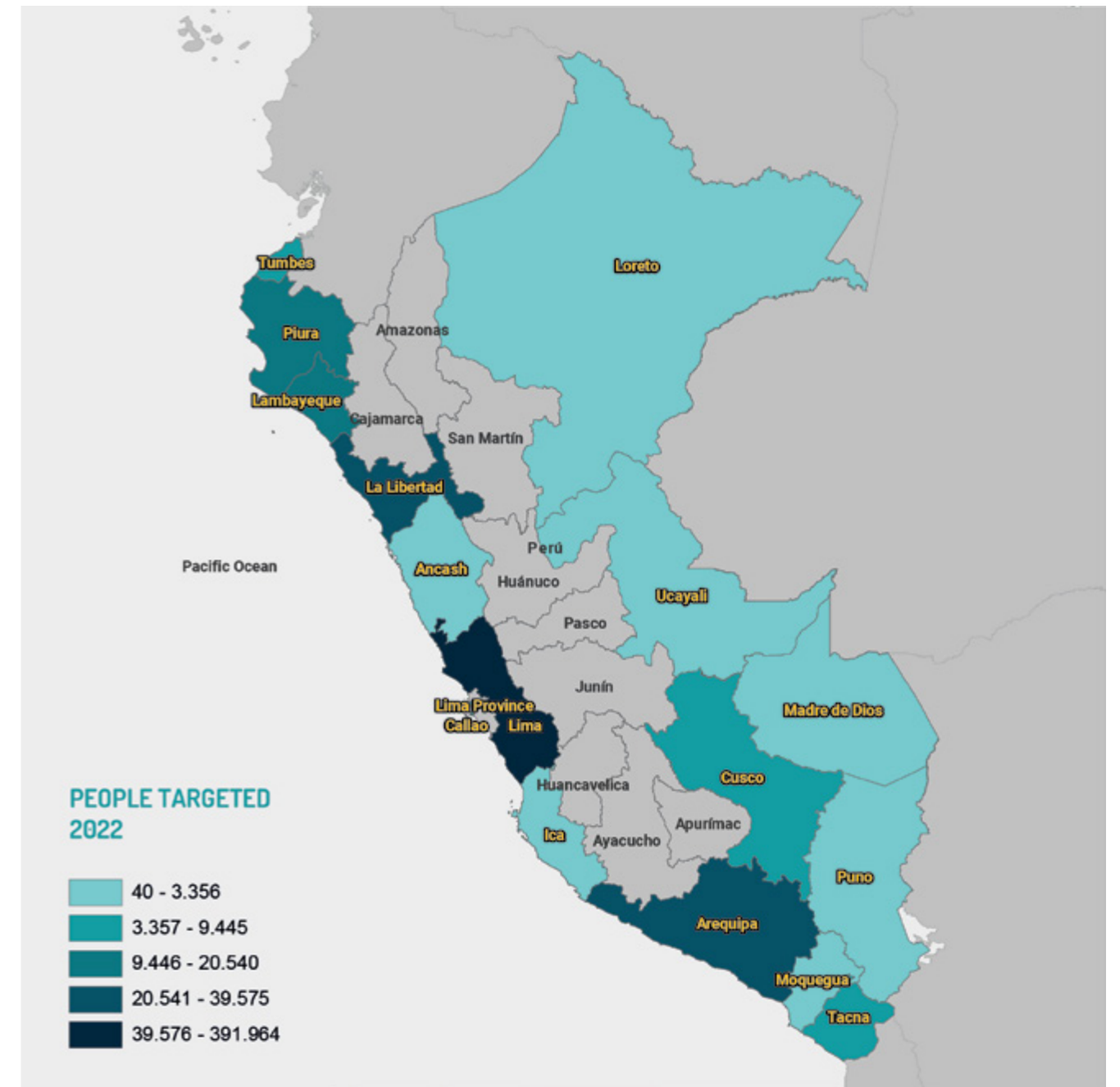


TOTAL REQUIREMENTS
\$304 M

RMRP PARTNERS
55

* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED



PROVINCE	Population Projection	People in Need	People Targeted	Budget	PROVINCE	Population Projection	People in Need	People Targeted	Budget
Lima	1.08 M	1.21 M	392 K	\$149 M	Puno	1.17 K	1.306	1.23 K	\$4.05 M
La Libertad	70.8 K	79.5 K	39.6 K	\$14.5 M	Loreto	1.08 K	1.214	1.06 K	\$120 K
Arequipa	46.5 K	52.1 K	32.9 K	\$16.6 M	Ucayali	3.09 K	3.470	40	\$71.0 K
Lambayeque	21.0 K	23.577	20.5 K	\$2.83 M	Amazonas	946	1.061	-	-
Callao	80.0 K	89.7 K	19.7 K	\$7.44 M	Apurímac	1.25 K	1.396	-	-
Piura	29.9 K	33.6 K	17.5 K	\$7.90 M	Ayacucho	2.79 K	3.131	-	\$4.000
Tumbes	8.98 K	10.1 K	9.45 K	\$17.8 M	Cajamarca	3.37 K	3.781	-	-
Cusco	9.24 K	10.4 K	7.20 K	\$4.42 M	Huánuco	3.35 K	3.758	-	-
Tacna	7.03 K	7.88 K	6.16 K	\$10.7 M	Huancavelica	297	332	-	-
Ica	35.8 K	40.1 K	3.36 K	\$945 K	Junín	12.4 K	13.933	-	-
Ancash	22.4 K	25.2 K	2.95 K	\$120 K	Lima Province	-	-	-	-
Moquegua	3.49 K	3.92 K	2.56 K	\$1.86 M	Pasco	959	1.08 K	-	-
Madre de Dios	1.89 K	2.12 K	1.73 K	\$2.11 M	San Martín	4.28 K	4.80 K	-	-

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	International NGOs	National NGOs / CSOs [‡]	Others ^{‡‡}	UN Agencies
Financial requirements	16.4%	-	2.48%	81.1%
Organizations	19	-	9	13

[‡] Civil Society Organizations.
^{‡‡} Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)*	Targeted In need	People targeted*	Financial requirements (USD)	Partners
Education	763 K		173 K	16.5 M	15
Food Security	1.49 M		381 K	45.4 M	15
Health	1.34 M		480 K	30.4 M	22
Humanitarian Transportation	443 K		7.77 K	570 K	4
Integration	1.37 M		365 K	59.4 M	25
Nutrition	383 K		42.2 K	1.20 M	6
Protection**	907 K		300 K	45.6 M	36
Child Protection	248 K		58.0 K	8.79 M	12
Gender-Based Violence (GBV)	516 K		62.6 K	12.8 M	19
Human Trafficking & Smuggling	704 K		170	2.89 M	7
Shelter	1.05 M		59.6 K	11.4 M	11
WASH	762 K		379 K	9.07 M	12
Multipurpose Cash Assistance	-	-	121 K	52.5 M	17
Common Services***	-	-	-	7.52 M	14

* Refugees and migrants in-transit are included in the national totals.

** This includes Support Spaces

*** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



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COUNTRY NEEDS IDENTIFIED

Peru is the country hosting the second largest number of refugees and migrants from Venezuela, with an estimated 1,286,000 Venezuelans living in the country, including 530,000 asylum-seekers.⁴⁵² To mitigate the risks of COVID-19, Peru has maintained its land borders closed since March of 2020, and access by land to the territory has only been possible through irregular entry points, giving rise to increased activities by criminal networks that control many of these borders, including human traffickers and smugglers. Many Venezuelans continue to arrive to Peru as their final destination. At the same time, on average 30 per cent of refugees and migrants from Venezuela entering the country are in-transit to Chile or to other countries in the region.⁴⁵³ Refugees and migrants from Venezuela residing in Peru are mainly concentrated in Lima and Callao, while those in transit pass through the border regions of Tumbes, Tacna and Puno.

COVID-19 has severely impacted Peru resulting not only in the loss of human life, but also caused a significant set-back in the economic situation of the country and in the progress to meet the Sustainable Development Goals (SDGs).⁴⁵⁴ The pandemic has had a disproportionate impact on the most vulnerable populations, which includes refugees and migrants from Venezuela and many members of the affected host communities.⁴⁵⁵

The Government of Peru has demonstrated its commitment⁴⁵⁶ to supporting the refugee and migrant population from Venezuela, including by providing two alternative regularization processes: the Temporary Permanence Permit Card (CPP)⁴⁵⁷ and the humanitarian residency permit, directed towards asylum-seekers.

The R4V National Inter-Agency Coordination Platform in Peru (GTRM by its Spanish acronym) undertook a Joint

[452] According to data from the Superintendence of Migration, as of September 2021. The number of asylum-seekers is reported by the Special Commission for Refugees (CEPR for its acronym in Spanish), Ministry of Foreign Affairs.

[453] IOM, DTM, Round 11, September 2021: <https://www.r4v.info/es/flujo-de-migracion-venezolana-por-tumbes-ronda-11-septiembre-2021>; UNHCR, Border Monitoring, July-August 2021: https://www.r4v.info/es/document/ACNUR_PMT_Tumbes_Ago21

[454] World Health Organization, Coronavirus (COVID-19) Dashboard Situation by country: <https://covid19.who.int/>

[455] INEI, May 2021: <https://n9.cl/sg547>

[456] During 2021, Peru assumed the Pro Tempore Presidency of the Quito Process, which reaffirmed the commitment to continue supporting solutions for refugees and migrants.

[457] Under Supreme Decree 010-2020-IN approving exceptional and temporal measures to regularize foreigners whose stay permits expired or who entered the country irregularly.

Needs Assessment (JNA) between July and August 2021.⁴⁵⁸ Among its findings, the JNA provides evidence that the living conditions of refugees and migrants from Venezuela as well as of affected communities in the country are dire. Access to regularization, documentation and information are pivotal and transversal needs across all sectors of the response, as key factors hindering integration and access to rights and services for refugees and migrants. According to 60 per cent of refugees and migrants surveyed in the JNA, lack of documentation was the main obstacle to access the Comprehensive Health Insurance (SIS by its Spanish acronym). The JNA shows that 76 per cent of Venezuelans reportedly reduced the quantity, frequency, and quality of their food consumption in 2021, while 30 per cent mentioned having to beg in order to meet daily food needs. Acute malnutrition among refugee and migrant children from Venezuela under the age of five increased from 3 to 5.4 per cent, a higher level than that of Peruvian children (1.6 per cent).⁴⁵⁹ Also, estimates show that only 3.6 per cent of Venezuelan children under the age of five received health assistance between 2020 and July 2021.⁴⁶⁰ Nearly 70 per cent of refugees and migrants from Venezuela surveyed noted that members of their communities had no stable housing in the first half of 2021, and anticipated that they would continue facing challenges to afford shelter in the following months. Less than half of the refugee and migrant respondents noted having enough income to satisfy their basic needs. The pandemic has decreased refugees' and migrants' income⁴⁶¹ while living costs have increased and Peru's currency, the Sol, has devalued. As a result, more than 50 per cent of Venezuelans have stopped sending remittances.⁴⁶² The employment rate is steadily recovering, although figures remain below pre-COVID-19 levels.⁴⁶³ Moreover, refugees and migrants face many challenges to access decent work and livelihoods opportunities, the lack of which hinders their socio-economic integration. The vast majority of refugees and migrants from Venezuela work in the informal economy, often as independent workers such as street vendors.⁴⁶⁴

RESPONSE STRATEGY

Country Planning Scenario

It is estimated that by the end of 2022 some 1.45 million refugees and migrants from Venezuela will be residing in Peru. The impact of the COVID-19 pandemic will continue to aggravate the critical needs of refugees and migrants from Venezuela.

The GTRM and other stakeholders, including the national

authorities, have cooperated in developing the planning scenario for Peru. Although it is expected that land borders will gradually re-open during 2022, it is anticipated that the number of irregular entries will not decrease if the requirement for visa continues to be in place. At the same time, it is likely that there will be an increase in the number of refugees and migrants who will be regularized as a result of the implementation of the CPP and the humanitarian residence process. Key challenges include a degree of unpredictability on how the COVID-19 pandemic will evolve; and political developments in the country and the region that determine the protection space for refugees and migrants from Venezuela. Notwithstanding these difficulties, it is expected that the Government of Peru will continue to respond to the needs of refugees and migrants from Venezuela and will support the regularization processes which are currently underway. In addition, it is expected that a continuous inflow of refugees and migrants from Venezuela will arrive to the country, likely in a more vulnerable situation, with further medical conditions and facing additional challenges.

Scope of the Response and Priorities

A large component of the response will concentrate in Lima, where 75 per cent of the Venezuelan population in Peru resides, as well as in border areas of Tumbes to the north and Puno and Tacna to the south, and the neighbouring regions of La Libertad, Moquegua, and Piura.

To complement the Government of Peru's efforts, the R4V response will focus on three main strategic priorities, with a goal to respond to urgent humanitarian needs and to enable self-sufficiency and resilience among the refugee and migrant and affected host community populations. Based on identified needs, the response will focus on:

- Providing **humanitarian assistance and protection** to the most vulnerable refugees and migrants from Venezuela as well as to affected host communities, and ensuring their access to information on rights and services.
- Advancing **regularization/documentation** processes to guarantee **access to fundamental rights and essential basic services** such as health, shelter, water, sanitation and hygiene.
- Support **integration** through awareness-raising, social cohesion, education, and livelihood opportunities, including the validation of academic degrees and promoting decentralized job opportunities where professionals are needed in locations beyond Lima.

Life-saving assistance in the form of food security assistance and multipurpose cash and voucher assistance (CVA) will account for almost 30 per cent of the overall funding request. Protection (including the work of the Child Protection, GBV, and Human Trafficking and Smuggling Sub-sectors) and Integration will be amongst the largest Sectors, each comprising approximately 20 per cent of the funding request.

Response Principles

Of the 54 appealing organizations in Peru, according to their submissions to the Gender with Age Marker (GAM), some 54 per cent plan to respond to both gender and age differences and 13 per cent aim to mainstream gender equality in their activities.

As part of their submissions, in consideration of their commitment to improved accountability to affected populations (AAP), partners have included comprehensive planning in terms of information provision to and receipt of

feedback from affected populations. Refugees, migrants, and host communities will be engaged in the planning and delivery of the response through community-based and participatory mechanisms. Partners will continue to strengthen mechanisms for protection from sexual exploitation and abuse (PSEA) in their activities, as well as to strengthen their capacity on mainstreaming concepts related to accountability.

As part of R4V partners' efforts to mainstream environmental considerations within their programming in Peru, 32 out of the 54 organizations submitting activities under the RMRP 2022 have at least partially considered environmental factors for the design of their interventions. Additionally, sectoral plans will mention the SDGs to which they contribute.



CASH AND VOUCHER ASSISTANCE (CVA)

Although cash and voucher assistance (CVA) has been part of the response in Peru for refugees and migrants from Venezuela since 2019, its use by R4V partners and the number of such interventions have significantly increased with the COVID-19 pandemic. Due to its versatility and the possibility of being delivered through digital channels, distribution of CVA was one of the activities which could continue instantly remotely during the lockdown, and thus was not only scaled-up in existing projects, but also employed by additional organizations to replace some of the in-kind assistance that had to be suspended, in a concerted effort to jointly reach as many vulnerable households as possible. Coordinated through the Cash Working Group of the GTRM in Peru, with over 20 members who actively participate to avoid duplication of assistance and ensure complementarity, the RMRP 2022 aims to reach more than 387,000 people through multipurpose cash and sectoral grants.

In addition to sectoral responses to cover specific needs such as documentation, education, and health, a large portion of the CVA provided by R4V partners in Peru is considered multisectoral or multipurpose cash (MPC). It is aimed at covering basic needs such as food, rent, health, water, sanitation, and hygiene. These needs are frequently identified by refugees and migrants as the most prioritized expenses in their household budgets. Delivering cash is not only a dignified way of providing assistance, as it allows individuals to prioritize their own needs and decide what to spend the money on, it also injects money into the national economy, as the cash is spent in local markets usually close to where refugees and migrants live and thus also benefits their host communities. In 2022, most R4V partners will be delivering newly revised CVA amounts, calculated based on a Minimum Expenditure Basket developed by the Cash Working Group (with inputs from sectoral working groups) in 2021, considering both primary data collected through surveys⁴⁶⁵ and national markers⁴⁶⁶ such as the poverty line.

[465] See, e.g., Save the Children, Cash on the Move: Adapting multi-purpose cash assistance 'Plus' assistance to support people on the move, 2020: <https://www.r4v.info/es/document/la-asistencia-humanitaria-itinerante-caso-peru>.

USAID and WOCCU, Proyecto de inclusión económica: estudio de inclusión financiera de refugiados y migrantes venezolanos y población local en las ciudades de Lima (Perú), Quito y Guayaquil (Ecuador), 2020: <https://data2.unhcr.org/es/documents/details/79374>; WFP, Perú: Situación de migrantes y refugiados venezolanos frente la pandemia COVID-19, September 2020: <https://www.r4v.info/es/document/peru-situacion-de-migrantes-y-refugiados-venezolanos-frente-la-pandemia-de-covid-19-ronda>; and WorldVision, PDM Cash Transfer: Reporte de monitoreo post distribución al componente de transferencia de efectivo del proyecto para reducir la vulnerabilidad de migrantes venezolanos, January 2021, unpublished.

[466] INEI, 2021. Evolución de la Pobreza 2009-2020: Informe Técnico, 2021: <https://www.inei.gob.pe/media/MenuRecursivo/publicaciones-digitales/Est/pobreza2020/Pobreza2020.pdf> and INEI, 2021. Informe de Precios, 2021: <https://www.inei.gob.pe/biblioteca-virtual/boletines/informe-de-precios/1/>

[458] GTRM Peru, Joint Needs Assessment – Preliminary Results, August 2021 (hereinafter 'JNA'). The JNA included a Secondary Data Review of 43 documents (including reports and assessments made by partners) and in-depth interviews to 350 key informants (including members of the groups identified in situations of most vulnerability, and people who work with the Venezuelan population). Publication forthcoming.

[459] Ministry of Health, Centro Nacional de Alimentación y Nutrición, Tendencia Nutricional 2020-2021.

[460] Ministry of Health, Reporte N° 4: Número de niños/niñas venezolanas con afiliación al SIS, hasta los 5 años, atendidos en establecimiento de salud del MINSA (2020 – July 2021), published August 2021.

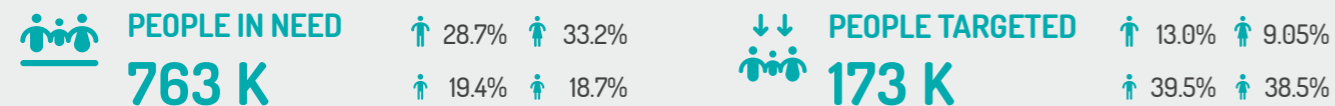
[461] Action Against Hunger (ACH), Estudio Multisectorial en personas Refugiadas y Migrantes de Venezuela que viven en Lima Metropolitana, Perú, p. 7, 2021.

[462] Equilibrium CenDE, Encuesta Regional Trimestral, June-July 2020: <https://equilibriumcende.com/wp-content/uploads/2020/08/Info-remesas-final.png>

[463] According to the National Institute of Statistics and Informatics (INEI), in the trimester between May and July 2021, the employed population reached 4,666,000 persons, almost a 60 per cent increase in comparison with the same period in 2020 where unemployment was on a steep rise due to the paralysis of economic activities caused by the pandemic. INEI, Situation of the Labour Market in Metropolitan Lima, Trimester May-June-July 2021, Technical Report, August 2021.

[464] Over 90 percent of the JNA key informants reported that their communities depend on jobs in the informal economy, and 60 per cent said that most people are independent workers, including street vendors, consistent with other studies that show a dependency in the informal economy noted since the ENPOVE 2018 (National Survey of the Venezuelan Population in Peru, led by the INEI).

EDUCATION



PRIORITY NEEDS

As of late 2021, schools in Peru remained in a remote learning modality due to the COVID-19 pandemic. This has particularly affected vulnerable students, especially refugee and migrant children. Schools are expected to reopen for the 2022 school year with hybrid learning modalities.

According to the Ministry of Education, in 2021, nearly 22,500 Venezuelan children were newly enrolled in the public education system⁴⁶⁷ due to innovations and positive changes in the enrolment process implemented by the Peruvian Ministry of Education and supported by R4V partners. As of October 2021, around 118,172 Venezuelan students are enrolled, however, an estimated 69,321 of those with regular status alone (i.e. not considering those with irregular status) are waiting to be enrolled. Additionally, nearly 9,000 vulnerable refugee and migrant children have been forced to interrupt their studies.⁴⁶⁸ As for higher education, there is a lack of available information and support for procedures to validate academic or professional credentials or register in a professional association. Lastly, there is a lack of adequate and inclusive educational services for refugee and migrant students from Venezuela, including for those that want to finish their higher education studies. Some of the reasons for this related to reported xenophobia in communities and schools (where a quarter of students reported having experienced rejection⁴⁶⁹), mental health issues, lack of appreciation for diversity, and GBV.

RESPONSE STRATEGY

The Education Sector response will cover the regions with the largest refugee and migrant populations, through 164 activities proposed by 15 partners. The response will prioritize:

- Supporting access to the education system and improving school retention and learning recovery plans.
- Ensuring comprehensive attention to diversity through more inclusive educational services, particularly interventions against discrimination and xenophobia and discrimination in schools.

[467] Data obtained from the Ministry of Education.

[468] Ministry of Education, Unidad Estadística del Ministerio de Educación, August 2021.

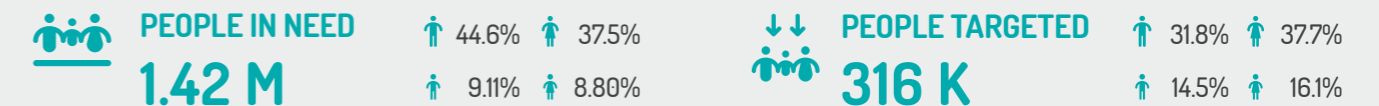
[469] ACH, Estudio Multisectorial en Personas Refugiadas y Migrantes de Venezuela que viven en Lima Metropolitana, Perú, p.10, 2021: <https://www.r4v.info/sites/default/files/2021-09/ESTUDIO-MULTISECTORIAL-MIGRANTES-VENEZOLANOS-2021-PERU.pdf>

- Supporting the recognition or validation of academic qualifications obtained abroad in order to increase opportunities of finding adequate and regular employment.

Sectoral CVA will support families who cannot prioritize education due to an inability to cover basic needs. This includes cash to cover the costs of internet connectivity, school items including tablets, the validation of academic qualifications, and registering with professional associations. In-kind assistance, namely the provision of school kits and technological devices, will be provided when CVA is not feasible. Technical assistance will be provided to universities, with professional associations and civil servants working for the Superintendence of Higher Education (SUNEDU). Partners will deliver tailor-made training to school personnel on issues impacting the access, retention, and learning experiences of refugee and migrant students. Partners will support implementing safe spaces in schools, and communication with communities (CWC) strategies to encourage school enrolment and prevent drop-out.

The Education Sector will coordinate with the Protection Sector for the regularization and documentation of refugee and migrant children and adolescents from Venezuela; the Child Protection Sub-sector regarding access to school for separated or unaccompanied children; the Integration Sector to promote employment of Venezuelan professionals; the Cash Working Group regarding cash transfers; the WASH Sector and local authorities to upgrade water and hygiene infrastructure in schools; and the Protection and Health Sectors to refine psycho-social support protocols. This response will contribute to SDGs 4, 1 and 8.

FOOD SECURITY



PRIORITY NEEDS

Food security is one of the main concerns for refugees and migrants from Venezuela who settle in Peru, and the economic impact of the pandemic has heightened these needs: more than 85 per cent of refugees and migrants surveyed in Lima said that they have been worried about not having enough food to eat due to limited resources.⁴⁷⁰ It is estimated that 63 per cent of Venezuelans face food insecurity, including 12 per cent facing severe food insecurity.⁴⁷¹ Based on the JNA, the main cause of food insecurity is unstable income, as indicated by 74 per cent of refugees and migrants from Venezuela surveyed.⁴⁷² The JNA also shows that 36 per cent of Venezuelan households cannot afford a balanced diet, affecting particularly persons with disabilities and other profiles that cannot easily access livelihood opportunities.

Refugees and migrants from Venezuela spend a monthly average of USD 52 per person to purchase food,⁴⁷³ but due to price increases, this amount is insufficient to ensure the required quantity, quality, and suitability of food items. The JNA shows that 76 per cent of Venezuelans reportedly reduced the quantity, frequency, and quality of their food consumption in 2021. Government food programmes do not reach the number of refugees and migrants in need of support.

RESPONSE STRATEGY

R4V partners' response will focus on 15 out of the 25 regions in Peru through 94 planned activities that will target over 381,000 highly vulnerable refugees and migrants from Venezuela and members of the affected host community. Particular attention will be paid to:

- Improving access to meals for refugees and migrants from Venezuela unable to afford basic food, considering diet requirements for highly vulnerable people (such as persons living with HIV, diabetes, and other health conditions that may require specific nutritional considerations).

- Building capacity of and sharing information with community leaders managing food assistance programmes, as well as refugees, migrants, and affected host community members to improve their knowledge of healthy and balanced diets, and to facilitate access to healthier and nutritious food.

- Strengthening national food assistance programmes to allow access to a larger number of refugees and migrants.

Partners will provide direct support to refugees and migrants from Venezuela to meet basic food needs through a combination of in-kind food rations, food/kitchen kits, and assistance through CVA where necessary for refugees and migrants in transit. Partners will also support soup kitchens to expand their capacity to prepare meals and distribute food. CVA will support families for a maximum of four months while they restore their sources of income. With a community-based approach, the response will work with community leaders and organizations to address food and nutrition needs through capacity development and dissemination of life-saving information. The latter will include nutrition principles and food prices, food preparation, and government social protection programmes. The capacities of existing food assistance programmes will be enhanced with financial and in-kind assistance to allow increased numbers of beneficiaries.

The Food Security Sector will liaise with the Protection, Health, Nutrition, and Integration Sectors, to advocate for a wider inclusion of refugees and migrants from Venezuela in national food assistance programmes, to ensure nutritional standards are met, and to complement livelihood strategies aiming to improve the well-being of households. This response will aim to contribute to SDG 2 to end hunger and achieve food security.

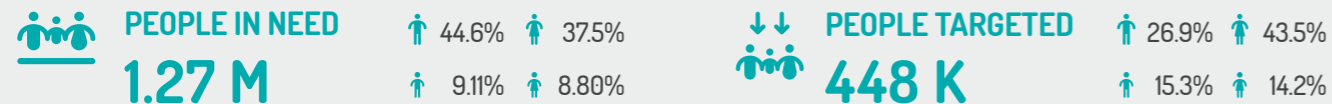
[470] ACH, Estudio Multisectorial en Personas Refugiadas y Migrantes de Venezuela que viven en Lima Metropolitana, Perú, p.10, 2021: <https://www.r4v.info/sites/default/files/2021-09/ESTUDIO-MULTISECTORIAL-MIGRANTES-VENEZOLANOS-2021-PERU.pdf>

[471] WFP, Perú: Situación de migrantes y refugiados venezolanos frente a la pandemia de COVID-19, Round 3, February 2021: <https://www.r4v.info/es/document/peru-situacion-de-migrantes-y-refugiados-venezolanos-frente-la-pandemia-covid-19-ronda-3>

[472] GTRM Peru, Joint Needs Assessment, August 2021. Publication forthcoming.

[473] GTRM-CBI Working Group, Minimum Expenditure Basket, 2021. Publication forthcoming

HEALTH



PRIORITY NEEDS

In 2021, the COVID-19 pandemic directly and indirectly impacted the health of refugees and migrants from Venezuela and their host communities. A third of refugees and migrants from Venezuela surveyed by the JNA reported having limited access to inclusive and quality healthcare, with the causes including lack of resources, closure of health facilities (at the primary level) and limited services (at the second and third levels), and insufficient human and logistical resources for health providers to meet the demands of the population.⁴⁷⁴ However, the impact has also extended to sexual and reproductive health and mental health. Prenatal control and family planning assistance remained low compared to prior to the pandemic; around 68 per cent of reported mental health cases among refugees and migrants from Venezuela were related to stress, anxiety disorders, and depression.⁴⁷⁵

Despite being included in the national COVID-19 vaccination plan, only 12 per cent of refugees and migrants from Venezuela have been fully vaccinated.⁴⁷⁶

Some Venezuelans reported difficulties accessing the vaccination, especially in regions where local authorities implemented additional documentation requirements that were not required by the Ministry of Health (MoH).⁴⁷⁷ Correspondingly, 43 per cent of those surveyed by the JNA reported feeling discriminated against by health personnel, especially vulnerable groups (women, people living with HIV/AIDS, the LGBTQI+ community).

RESPONSE STRATEGY

The Health Sector response will aim to increase access to healthcare services by:

- **Advocating to include refugees' and migrants' health needs** in the regulatory and administrative framework of the public health system. Partners will focus on expanding access

to the Comprehensive Health Insurance (SIS), promoting affiliation and registration assistance campaigns.

- **Promoting adequate access to inclusive and quality health services for refugees and migrants from Venezuela.** Partners will develop initiatives to ensure continuity of essential healthcare services and implement strategies to improve access to quality health services, including community interventions, mobile brigades, teleconsultations, monitoring of pregnant women, beneficiaries of family planning programmes and assistance for people living with HIV/AIDS, and delivery of reproductive health and dignity kits.
- **Strengthening the capacities of refugees and migrants from Venezuela to exercise health rights,** especially those related to COVID-19 vaccination and treatment, and sexual and reproductive health services (including prenatal control, childbirth, and contraception).

The Sector response will improve technical assistance, increase staffing, distribution, and capacity-building to provide quality healthcare services, as well as including work with community health workers, establishing collaborative agreements with hospitals and other healthcare facilities (including outpatient centres and laboratories), to assist refugees and migrants from Venezuela mainly at the primary healthcare level. Finally, assistance through CVA will be considered for critical health interventions.

Interventions will incorporate human rights-based, gender-based, intercultural and multisectoral approaches. Partners will prioritize assisting refugees and migrants in high vulnerability situations, such as boys, girls, adolescents, pregnant women, persons living with HIV/AIDS, and the LGBTQI+ community. In addition to coordinating with the Ministry of Health, the Sector will liaise with the Protection Sector and GBV Sub-sector for GBV assistance, psychosocial support, and referral pathways for critical mental health cases. This response will contribute to SDG 3 to ensure healthy lives, free from violence, and promote well-being at all ages.

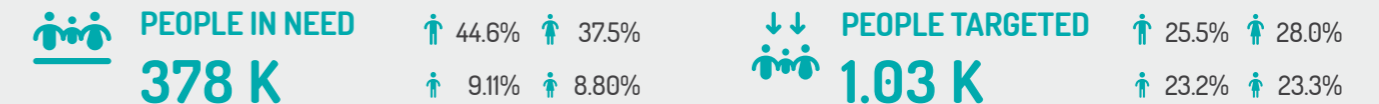
[474] GTRM Peru, Joint Needs Assessment, August 2021. Publication forthcoming.

[475] Ministry of Health, Reporte N° 2: Número de venezolanos atendidos (2020 – Julio 2021), published August 2021.

[476] Ministry of Health, Functional Health Unit for Migrants and Communities at the Border-MoH report, presented at the 54th ordinary meeting of the Inter-sectoral Round Table for Migratory Management, held on 6 October 2021.

[477] Ojo Público, Discriminación y requisitos no contemplados en la vacunación a migrantes en Perú, September 2021: <https://ojo-publico.com/3014/discriminacion-y-requisitos-no-contemplados-en-vacunacion-migrantes>

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

The closure of borders due to the health emergency caused by COVID-19 and related government restrictions practically stopped regular entries of refugee and migrants from Venezuela through official land border points. However, as land borders remain closed, and refugees and migrants from Venezuela continue to enter Peru – the majority in an irregular manner – they need transportation to reach their destinations safely. Safe humanitarian transportation within borders is a key need in this respect. Almost 25 per cent of Venezuelans entering the country in an irregular manner through Tumbes continue their journey walking⁴⁷⁸, and almost 40 per cent of them reportedly had to make a payment to criminal networks to cross the border, leaving them without any money.⁴⁷⁹ Lack of financial resources has forced families with children, with health conditions and victims of trafficking and/or GBV, to continue walking long distances, exposed to another layer of hardship conditions including high or very low temperatures and road traffic injuries, thereby increasing their protection risks and vulnerabilities. Venezuelan refugees and migrants lacking documentation and in an irregular situation are particularly excluded from safe and reliable transportation and exposed to unsafe travel, as formal transportation providers request an identity document for ticket purchases.

Provision of humanitarian transportation within borders and information on safe and adequate transportation alternatives is fundamental to prevent or reduce hardships, abuse and exploitation, considering that on average 70 per cent of Venezuelans in-transit in Tumbes expect to reach other in country destinations such as Lima, La Libertad, Piura, Lambayeque, Arequipa, Trujillo and Ica, and usually do not know how to plan to make their journey.⁴⁸⁰ R4V partners have observed that refugees and migrants from Venezuela intending to reach Desaguadero, at the border with Bolivia, are not aware of the distances and climatic challenges involved in that route. Lack of knowledge about safe routes and official travel options lead refugees and migrants to seek informal transportation that elevates the risk of abuse.

[478] IOM, DTM Flow Monitoring Registry in Tumbes, Round 6, June 2021. Publication forthcoming.

[479] UNHCR and PLAN, Tumbes Border Monitoring, July-August 2021: https://www.r4v.info/es/document/ACNUR_PMT_Tumbes_Ago21; IOM, DTM Flow Monitoring Survey in Tumbes, Round 11, September 2021: <https://dtm.iom.int/reports/per/C3%BA-%E2%80%94-flujo-de-migraci%C3%B3n-C2%A0venezolana-por-tumbes-ronda-11-septiembre-2021>. See also: IOM, Diagnóstico situacional de los delitos de trata de personas y tráfico ilícito de migrantes en la región de Tumbes, p. 77, August 2021. Publication forthcoming.

[480] IOM, DTM Flow Monitoring Survey in Tumbes, Report 11, September 2021: <https://dtm.iom.int/reports/per/C3%BA-%E2%80%94-flujo-de-migraci%C3%B3n-C2%A0venezolana-por-tumbes-ronda-11-septiembre-2021>; UNHCR and Plan, Border Monitoring in Tumbes, July-August 2021: https://www.r4v.info/es/document/ACNUR_PMT_Tumbes_Ago21.

Additionally, as refugees and migrants from Venezuela settle in areas far from urban centres, regular transportation is scarce, and daily safe and reliable transportation is needed to access employment and service providers.

RESPONSE STRATEGY

The Sector response will focus on:

- Providing humanitarian transportation, in cases in which extreme vulnerability is identified, complying with COVID-19 prevention protocols.
- Providing reliable information to refugees and migrants from Venezuela in transit on Peruvian transportation requirements, including the Superintendence of Land Transportation of People, Cargo and Goods (SUTRAN) disposition requiring an identity document for ticket purchases, road conditions, travel costs, distances, weather conditions and protection risks for in-country transport in Peru as well as for daily transport in main cities.

The geographical coverage of the sector response will concentrate mainly in Ancash, Arequipa, Lima, Madre de Dios, Piura, Puno, Tacna, and Tumbes, and humanitarian transportation will be provided for internal movements among the regions.

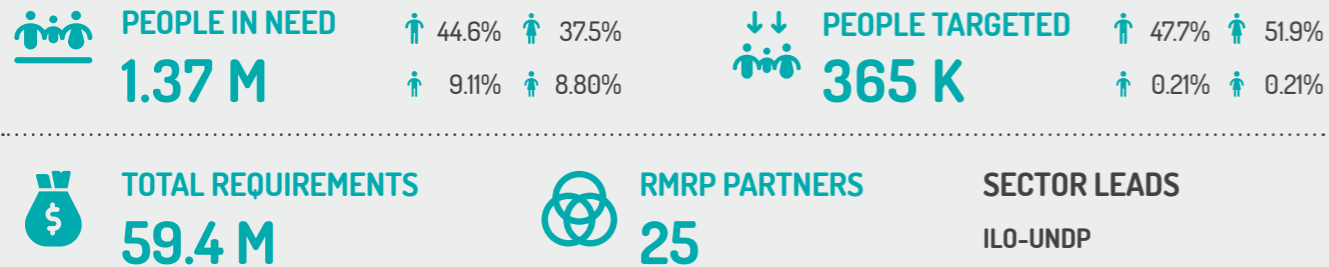
Based on the sectoral needs assessments regarding humanitarian transportation within borders, in-kind transportation assistance will be provided between regions, and daily transportation. The response will scale-up to provide humanitarian transportation for extremely vulnerable families, including: families with children, with health conditions, GBV survivors or victims of trafficking, including transportation support to facilitate family reunification and distribution of information, while delivering supplies including PPEs to facilitate safe transportation.

The Humanitarian Transportation Sector will coordinate with the Protection, Health, and Education Sectors to assess

needs and implement activities intersectorally, as well as with thematic national and regional R4V focal points. Sector partners will work closely at national and local levels with the

Ministry of Transport and Communications, and the SUTRAN. In addition, it will liaise with the private sector through the companies that provide inter-regional transport services.

INTEGRATION



PRIORITY NEEDS

The COVID-19 pandemic has disproportionately affected refugees' and migrants' socio-economic integration in Peru. The average monthly household income decreased from USD 325 pre-pandemic to USD 238 after, while in parallel, the Peruvian Sol has devalued against the US Dollar, decreasing the ability to send remittances to Venezuela.⁴⁸¹ According to the JNA, groups in a situation of vulnerability, such as persons with disabilities, women, and the elderly, among others, have very limited access to employment opportunities and support.⁴⁸²

Main integration needs include: 1) limited access to decent work (refugees and migrants are often forced to work in dangerous and exploitative conditions for less salary and longer hours than their national colleagues, without access to health insurance, and sometimes not even receiving the agreed payment);⁴⁸³ 2) lack of resources for entrepreneurship, including socio-economic resources but also skills, knowledge, networks and others; 3) increasing levels of discrimination and xenophobia against refugees and migrants, including minimum recognition of transnational cultural identities and limited participation in decision-making spaces.⁴⁸⁴

Some 80 per cent of those surveyed through the JNA mentioned access to micro-loans and seed capital as the most pressing

needs to be able to undertake entrepreneurship, while 50 per cent mentioned financial education.

The lack of documentation hinders access to decent work and resources for entrepreneurship, resulting in irregular working situations, which is the case for around 72 per cent of Venezuelans.⁴⁸⁵ Over 90 per cent of those surveyed in the JNA identified the informal economy as the main source of employment for their communities. Only 4 per cent of Venezuelans are formally employed in the private sector in Peru.⁴⁸⁶

Discrimination against the refugee and migrant population, particularly women and the LGBTQI+ community, exacerbates needs. Venezuelans continue to be erroneously depicted in the media as criminals, intensifying prejudice,⁴⁸⁷ and women face additional vulnerabilities and risks when searching for jobs, due to hyper-sexualized misconceptions of them.⁴⁸⁸ Barriers include limited access to formalization routes and services for entrepreneurs, such as financial and business management services.

Grassroots and civil society organizations representing refugees and migrants from Venezuela have a critical role to play, including as regards the relationship with the host community and in terms of social cohesion.⁴⁸⁹ More support by R4V partners is needed to further strengthen their role as well as to break down stereotypes and to counter discrimination.

[481] Action Against Hunger, Estudio Multisectorial en Personas Refugiadas y Migrantes de Venezuela que Viven en Lima Metropolitana, Perú, p. 7, 2021: <https://www.r4v.info/sites/default/files/2021-09/ESTUDIO-MULTISECTORIAL-MIGRANTES-VENEZOLANOS-2021-PERU.pdf>

[482] GTRM Peru, Joint Needs Assessment, August 2021. Publication forthcoming.

[483] Cámara Empresarial Venezolana Peruana – CAVENPE, Impacto de la Migración Venezolana en el Perú: Realidad vs. Potencial, p. 49, 2021.

[484] Joint sectoral analysis workshop with GTRM partners, 20 August 2021.

[485] Presentation by the Director of Migration Policy of the Pre-Registration Process for Regularization to the Intersectoral Working Group for Migration Management in June 2021. The Superintendence for Migration classifies asylum-seekers without a migratory permit as persons in an irregular situation.

[486] MINTRA, formal employment newsletter, July 2021: <https://www.gob.pe/institucion/mtppe/informes-publicaciones/2197173-boletin-mensual-leyendo-numeros-agosto-2021>

[487] IPSOS (2019), CIUP (2021) and Ipsos Peru (2019): <https://ciup.up.edu.pe/media/2542/ciup-ppp19.pdf>

[488] Action Against Hunger, Retos para la inserción laboral en condiciones de empleo, pg. 87, September 2020: https://www.r4v.info/sites/default/files/2021-06/202009_ACH_Retos_per_cent20a_per_cent20a_per_cent20a_inserci_per_centC3_per_centB3n_per_cent20laboral.pdf

[489] UNDP, Diagnóstico de Oportunidades para Población Refugiada y Migrante y de Acogida en el Sector Público y Privado en Lima Metropolitana, Abril 2021: https://www.r4v.info/es/PNUD_2021_Diagnostico_de_Oportunidades_RyM_CA_Lima

RESPONSE STRATEGY

The Sector response will be implemented by 25 partners, with 291 activities focusing on:

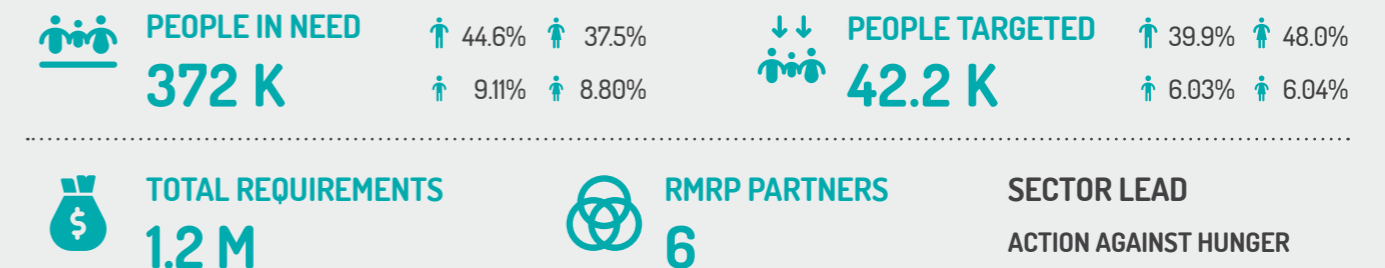
1. Increasing opportunities for refugees, migrants and affected host communities to access decent work and support self-employment and entrepreneurship initiatives.
2. Mitigating discrimination and xenophobia through campaigns and sensitization of authorities.
3. Providing information and capacity development to stakeholders in the private sector to facilitate formal contracting.

Partners will focus on capacity development of (i) authorities and institutions, to implement inclusive socio-economic integration strategies and promote social cohesion, generate community networks, and fight defamatory information that increases

discrimination and xenophobia; (ii) the private sector, on the procedures to hire Venezuelans; and (iii) refugees and migrants from Venezuela and their host communities, on employability skills, entrepreneurship, and vocational education. Some 10 per cent of activities will be provided through sectoral CVA, including seed capital for small businesses. Partners will provide technical assistance to employers and entrepreneurs on working conditions and safety and hygiene protocols. Finally, partners will organize cultural and sports activities to promote peaceful coexistence.

The Integration Sector will coordinate with the Protection Sector on regularization and documentation to facilitate access to decent work and socio-economic integration. CVA interventions will be coordinated with the Cash Working Group and the Food Security, Education and Shelter Sectors. Collaboration with the Communication Working Group will be essential for the "#TuCausaEsMiCausa" campaign.⁴⁹⁰ This response aims to contribute to SDGs 1, 2, 8 and 10.

NUTRITION



PRIORITY NEEDS

From 2020 to the first half of 2021, acute malnutrition among refugee and migrant children from Venezuela under the age of five increased from 3 to 5.4 per cent, a higher level than that of Peruvian children (1.6 per cent).⁴⁹¹ This trend is mainly due to the reduction of monthly household incomes during the pandemic,⁴⁹² forcing refugee and migrant households to resort to eating a limited variety of foods or smaller meals in order to access enough food.⁴⁹³ In addition, access to health services and social and nutritional support programmes for refugees and migrants was limited, especially due to

limited information and a lack of clear protocols, as well as a shortage of nutritional supplements. As of July 2021, only around 870 Venezuelan children under the age of five and affiliated with the SIS had received assistance in the Growth and Development Control programme (CRED, delivered in health centres to track the growth of children up to age eleven), compared to 2,450 children assisted throughout 2020, which represents a downward trend, especially considering that the number of children has increased and the lockdown took place mostly in 2020 when less assistance delivery was expected.⁴⁹⁴ Moreover, only 0.1 per cent of all children who were assisted through *Cuna Más* (a programme to support

[490] For more information, see <https://tucausaesmicausa.pe/>

[491] Ministry of Health, Centro Nacional de Alimentación y Nutrición, Sistema de Información del Estado Nutricional (SIEN), Tendencia Nutricional 2020-2021.

[492] Action Against Hunger, Estudio Multisectorial en Personas Refugiadas y Migrantes de Venezuela que Viven en Lima Metropolitana, Perú, p. 77, 2021: https://www.r4v.info/es/document/ACH_Estudio_Multisectorial_Ago21

[493] Save the Children, La Asistencia Monetaria Itinerante: Adaptación del Programa de Asistencia Monetaria a Migrantes en Tránsito, Estudio de Caso Perú, p. 10, 2021: <https://www.savethechildren.org.pe/publicaciones/la-asistencia-monetaria-itinerante-adaptacion-del-programa-de-asistencia-monetaria-a-migrantes-en-transito/>

[494] Ministry of Health, General Directorate of Strategic Interventions in Public Health-MoH, Informe N° 018-2021-DVICI-DGIESP/MINSA, August 2021.

the development of children under age three living in poverty) were Venezuelans.⁴⁹⁵ Finally, communication and counselling strategies of nutrition programmes and services do not take into account consumption patterns of refugees and migrants or their unfamiliarity with healthier local foods.

RESPONSE STRATEGY

The Sector response will focus on:

- Strengthening capacities for prevention of malnutrition with a community-based approach. Counselling and information dissemination campaigns will involve families, health personnel, and local governments to help prevent anaemia and malnutrition. This will include advocacy for the wider inclusion of refugees and migrants from Venezuela in national nutritional programmes.
- Fostering identification and case management for malnutrition. It will launch preventive health campaigns for screening and diagnosis of anaemia and risk of anaemia, focused on groups which are vulnerable to malnutrition such as families with children under five years old, adolescents, and pregnant and breastfeeding women.
- Monitoring refugees' and migrants' nutritional situation, by collecting anthropometric and biochemical information, and primary and secondary data to identify determinants of malnutrition.

The Nutrition Sector response will target over 42,000 individuals, including refugees and migrants from Venezuela and members

of affected host communities. It will cover the national level, with activities focused on Arequipa, Ayacucho, Lima, and the northern coast, considering the high numbers of refugees and migrants living in these areas.

Nutrition partners will implement case management, screenings, and provide iron and other food supplements as forms of direct support to refugees and migrants from Venezuela. Sector partners will provide technical assistance to strengthen health personnel's capacities. Interventions will incorporate a community-based approach to disseminate reliable information about nutritional campaigns and constant counselling through social network platforms, broadcast media, tele-orientation and in-person assistance.

Nutrition Sector partners will liaise with the Health and Food Security Sectors to maximize the impact of interventions related to assistance and prevention. The Nutrition Sector will work closely with the Foreign Affairs, Health, and Development and Social Inclusion Ministries, to address those barriers that impede access of Venezuelan children to national nutritional programmes. At local levels, partners will work with health facilities and community-based organizations to improve nutritional practices and conditions, focused on breastfeeding and maternal nutrition. This response will contribute to SDG 2 on ending hunger and improving nutrition.

status to asylum-seekers from Venezuela who meet certain requirements.⁴⁹⁷ Simultaneously, the Superintendence of Migration (SNM) began issuing one-year Temporary Permanence Permit Cards (CPP)⁴⁹⁸ to Venezuelans and other foreign nationals in an irregular situation. Nevertheless, a lack of information and/or technology to access the procedure and the associated fines limit the number of Venezuelans who can benefit from these important measures.

The JNA revealed that 40 per cent of Venezuelans interviewed considered that little or no internet access was the main challenge to access the regularization process, followed by not having the required technology to complete the process online (30 per cent). Some 60 per cent also stated their need for information on documentation processes.

In this context, the lack of clear alternatives for those who will not benefit from the above-mentioned schemes represents a major concern. Lack of documentation is associated with a lack of access to public services and exposure to exploitation and abuse, particularly for persons with specific protection needs, including persons with serious or chronic medical conditions, persons with disabilities and the elderly. There is a strong need for mental health and psychosocial support (MHPSS) services, particularly for victims of abuse and violence including children, those who have lost family members due to COVID-19, those who face stress and anxiety due to the loss of livelihoods and perspective related to the pandemic, and those experiencing post-traumatic stress disorder in relation to events in Venezuela.

RESPONSE STRATEGY

Protection Sector partners will focus on:

- Promoting access to documentation and regularization for Venezuelans in an irregular situation and asylum-seekers, as well as promoting regular entry pathways for refugees and migrants from Venezuela to counter risks emanating from irregular movements.⁴⁹⁹
- Advocating for access to territory and to the asylum system for those in need of international protection, as well as to those with other protection needs.
- Strengthening refugees' and migrants' access to state protection systems and to essential services linked to rights, like health and education, with a focus on persons with special protection needs including children, the elderly,

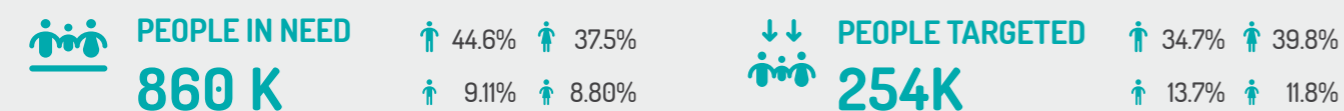
persons with disabilities, persons belonging to the LGBTIQ+ community and single-headed households.

Partners will provide direct support to refugees and migrants from Venezuela by providing information on documentation procedures, including through mass information campaigns, one-on-one orientation and legal counselling, and support with accessing and managing digital tools. MHPSS will be delivered both on an individual and on a group basis. Partners will provide CVA to cover costs related to documentation integrated with case management in Arequipa, Callao, Cusco, La Libertad, Lambayeque, Lima, Madre de Dios, Moquegua, Piura, Puno, Tacna, and Tumbes. Protection responses will also rely on community structures and organizations which have been identified and strengthened in 2021.

Capacity-development, technical support, human and other resources will be provided to the Special Commission for Refugees (CEPR) and the SNM, in order to accelerate documentation processes, and to other authorities to expand issuance and recognition of the documentation held by refugees and migrants, in order to expand access to essential services and enjoyment of rights, including to health and education. Sector partners will carry out border monitoring exercises in Madre de Dios, Puno, Tacna and Tumbes and will support institutions with registration and refugee status determination.

Initiatives against discrimination and xenophobia will be prioritized as a cross-sector endeavour between the Protection, Education, and Integration Sectors and the Communication Working Group. Activities with the Integration Sector include advocacy for regularization, issuance of documentation and broad recognition of documentation held by refugees and migrants from Venezuela to ensure access to dignified formal work opportunities, financial inclusion and access to services provided by the Ministry of Employment. This response will contribute to SDG 10.

PROTECTION



PRIORITY NEEDS

The protection situation of refugees and migrants from Venezuela has been heavily affected by the pandemic and related measures. Peru has seen one of the highest COVID-19 death rates, and lack of livelihoods has put enormous pressure on families, with 20 per cent of interviewees resorting to extreme coping mechanisms such as sex work, child labor, begging, or collecting food leftovers.⁴⁹⁶ Closed borders have

increased risks of trafficking and smuggling. The asylum system has been effectively suspended since October 2020, leaving anyone who entered Peru after that date without the option to seek asylum. Access to recognized documentation continues to be a priority for many, with 51 per cent of refugees and migrants from Venezuela surveyed in the JNA stating that they needed more information on documentation processes. In July 2021, the Ministry of Foreign Affairs began granting an automatically renewable six-month humanitarian residency

[495] Cuna Mas Programme, Ministry of Development and Social Inclusion, Informe N° 85-2021-MIDIS/PNCM-UPPM-CSEG, August 2021.

[496] UNHCR Protection Monitoring Results, June-July 2021.

[497] Asylum-seekers must have an identity document, updated contact information, and no criminal records to receive humanitarian residency permits.

[498] Supreme Decree 010-2020-IN. In July, the Unique Text for Administrative Procedures (TUPA, for its acronym in Spanish) came into effect and the CPP regularization process started. On 20 August, Peruvian Immigration began imposing a penalty fee of S/4.40 per day of irregular stay in the country. This penalty must be paid by refugees and migrants from Venezuela to advance with the CPP process. The penalty amount is established case by case, depending on the number of days of overstay in the country or the day on which the person entered Peru.

[499] These initiatives refer to the new CPP and the Humanitarian Residence mentioned in the national overview section of this chapter.

CHILD PROTECTION



SECTOR LEAD

UNICEF

PRIORITY NEEDS

The protection of refugee and migrant children from Venezuela in Peru has been severely affected by the COVID-19 pandemic, its economic consequences, and the related closure of schools, increasing children's exposure to violence, abuse, and exploitation.⁵⁰⁰ Peru has been the country most affected globally with the highest rate of children orphaned by the pandemic in the world.⁵⁰¹

With the closure of land borders, families have been forced to use irregular crossings, making it more difficult for R4V partners to reach children and adolescents in need of protection and assistance. Nearly 40 per cent of those interviewed through the JNA reported knowing about cases of violence against children and adolescents. Levels of violence have increased while availability of state protection services have been reduced because of the COVID-19 pandemic. Unaccompanied and separated children (UASC) are in a particularly vulnerable situation, as specialized protection services are unavailable⁵⁰² due to the limited identification capacity and with little technical expertise on the distinct situation and needs of refugee and migrant children among the workforce of the child protection system, as well as missing interinstitutional tools and protocols to implement protection measures. Peru is also still in the process of establishing an adequate alternative care mechanism for children on the move.

RESPONSE STRATEGY

Activities will be largely focused in Lima, where most refugees and migrants live, but will also be carried out in cities such as Arequipa, Callao, Cusco, Huánuco, La Libertad, Lambayeque, Madre de Dios, Moquegua, Piura, Puno, Tacna, and Tumbes.

Child protection priorities include:

1. Strengthening the national child protection system by improving the state's technical capacities to prevent and respond to all forms of violence against children, especially

for vulnerable UASC. Coordination mechanisms will be improved between Sub-sector partners and local and national authorities through a comprehensive assistance protocol to access specialized child protection services.

2. Working with children, parents, and communities to prevent and mitigate incidents of violence, through access to information, referral pathways and services.
3. Ensuring children's access to available regularization and documentation mechanisms.

Response modalities include the provision of technical assistance to strengthen institutions that provide protection services to refugee and migrant children; and capacity-development for social workers, national and local authorities, partner organizations and key allies to increase information-sharing and knowledge on the distinct needs of children on the move. Direct support to refugee and migrant children from Venezuela will be provided by partners to complement government services, including psychosocial support for child survivors of violence, abuse, or exploitation; case management to ensure access to specialized services; and legal orientation for families and UASC. Finally, CVA will be provided to vulnerable families at risk of family separation, education abandonment, and food insecurity, among others.

To ensure complementarity of the response, the Child Protection Sub-sector will coordinate with: the Protection Sector for regularization and documentation priorities; the Education Sector to ensure that teachers are supported to provide protective spaces against violence and exploitation; Shelter and WASH to improve humanitarian and public spaces for children; the Health Sector to guarantee access to services, particularly for refugee and migrant children older than five years old who do not have automatic access to the comprehensive health insurance system; and the Cash Working Group for the protection of children at increased risk in the context of the COVID-19 pandemic. This response will contribute to SDGs 4, 10, 5 and 3.

[500] United Nations Perú, Estudio especializado sobre efectos socioeconómicos del COVID-19 en la población refugiada y migrante de Venezuela, pp. 82-84, 2020: <https://peru.un.org/es/114770-estudio-especializado-sobre-efectos-socioeconomicos-del-covid-19-en-la-poblacion-refugiada-y>

[501] Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study, The Lancet, Vol. 398, Issue 10298, pp. 391-402, 31 July 2021: [https://www.thelancet.com/journals/lancet/article/piiS0140-6736\(21\)01253-8/fulltext#%20](https://www.thelancet.com/journals/lancet/article/piiS0140-6736(21)01253-8/fulltext#%20)

[502] United Nations Perú, Estudio especializado sobre efectos socioeconómicos del COVID-19 en la población refugiada y migrante de Venezuela, p. 167, 2020: <https://peru.un.org/es/114770-estudio-especializado-sobre-efectos-socioeconomicos-del-covid-19-en-la-poblacion-refugiada-y>

GENDER-BASED VIOLENCE (GBV)



SECTOR LEADS

UNFPA-UNHCR

PRIORITY NEEDS

Refugees and migrants from Venezuela are at high risk of GBV, particularly as the COVID-19 pandemic has deepened gender inequalities and exacerbated levels of poverty. According to the JNA, a third of those surveyed knew of GBV cases in their community in the last year.⁵⁰³ Women, girls and the LGBTQI+ community are particularly affected, as well as male survivors who face stigmatism and lack of appropriate services. Main needs related to GBV prevention and response include limited access to referral pathways and services due to lack of information, feelings of fear and shame, lack of awareness on the part of service operators on the rights of refugees and migrants, and insufficient service provision. As a result, Venezuelans tend to report GBV offenses three times less than the national average.⁵⁰⁴ Limited awareness among refugees and migrants on the right to live a life free from violence and to exercise bodily autonomy is linked to scarce initiatives for eradicating gender norms that perpetuate violence, lack of awareness strategies on gender equality, forms of violence and available public services. There is a need to strengthen existing community mechanisms aimed at preventing, mitigating, and responding to GBV.

RESPONSE STRATEGY

The Sub-sector response will focus on:

- Improving the design and implementation of public policies and programmes for GBV prevention to ensure the right to a life free from violence. Communication strategies for refugees and migrants from Venezuela will be developed to foster empowerment, knowledge of bodily autonomy, and prevention and care routes.
- Improving GBV survivors' access to protection services, particularly to justice, health, and psychosocial services, regardless of their legal status. Partners will advocate to ensure access to services for refugees and migrants from Venezuela, strengthen the capacities of personnel to manage GBV cases, and ensure coordinated services to guarantee comprehensive and multidisciplinary care for survivors.

- Strengthening community spaces to adequately address GBV at the local level, seeking to deconstruct gender stereotypes that legitimize violence, develop work with men (including youth and children) to propose positive masculinities and strengthen community support networks.

Activities will target over 43,000 refugees and migrants from Venezuela as well as 24,000 members of affected host communities to receive support. The overall response will cover the country at the national level, with an emphasis on the regions of Lima, Tacna, Tumbes, and the northern coastal regions of La Libertad, Lambayeque, and Piura.

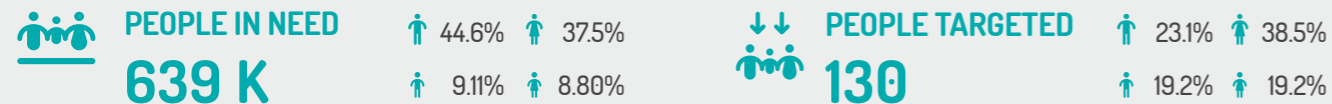
Advocacy strategies will be developed at the ministry and regional government levels to highlight the needs and situation of refugees and migrants from Venezuela who suffer violence, especially women and children. The response will include the delivery of remote and face-to-face public services, capacity-development of personnel and decision makers, generation of spaces for empowerment and psycho-social support to survivors, involvement of men in the eradication of violence, socio-economic integration activities, and CVA where necessary.

To achieve a multisectoral, human rights-centred, generational and gender approach, the Sub-sector will coordinate with the Ministries of Women and Vulnerable Populations, Justice and Human Rights, and Health, as well as with intersectoral coordination bodies at national, regional, and local levels. In addition, it will liaise with the Communications Working Group and the Health and Shelter Sectors. This response will contribute to achieve SDGs 5 (gender equality and empowerment of all women and girls) and 10 (equal opportunity, reduce inequalities, and promote social, economic, and political inclusion).

[503] GTRM Peru, Joint Needs Assessment, August 2021. Publication forthcoming.

[504] National Police of Peru (PNP), 2020; INEI 2017, crimes against life, bodily integrity and health, reports per 1,000 personas.

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

Refugees and migrants who are victims of trafficking (VoTs) and are at risk of human trafficking and/or have been subjected to abuse, extortion and violence by smugglers face barriers to access protection systems, justice, and lack protection safeguards to prevent revictimization. The lack of information about risks and reporting channels, the fear of being criminalized or deported due to their often irregular situation, the lack of documentation, and gender stereotypes in public services and security forces have been found to be amongst the key factors hindering identification and assistance of VoTs.⁵⁰⁵ This has been exacerbated by the COVID-19 pandemic, particularly impacting groups in vulnerable situations, such as girls, boys and adolescents, young women, people with disabilities, and the LGBTIQ+ community⁵⁰⁶, and due to the renewed activities of criminal networks which take advantage of the loss of livelihoods and the closure of schools to increase recruitment through digital channels. Venezuelan adults and children are particularly vulnerable to sex and labour trafficking.⁵⁰⁷ According to the JNA, 53 per cent of those surveyed reported to have met Venezuelans who were deceived with false employment offers. There is a need to improve the use of indicators for early detection and referral to specialized services, increase routes to facilitate reintegration, and monitor changes in the dynamics of both crimes in sub-national contexts.⁵⁰⁸

RESPONSE STRATEGY

The Sub-sector response will cover Lima and key regions of Madre de Dios, Puno, Tacna, and Tumbes as border points of entry, in addition to Piura and La Libertad. It will focus on:

- Strengthening the capacities of authorities and public officials, as well as partners who work with refugees and migrants at risk of or victims of trafficking, or at risk of abuse, extortion and violence by smugglers. Training measures will focus on prevention of these crimes, early detection of victims, case management, knowledge of the regulatory framework, and specialized techniques for prosecution of traffickers and smugglers.

- Generating and strengthening prevention, protection, prosecution, and inter-institutional mechanisms. Studies and assessments with a territorial approach will be developed to provide authorities with updated information for decision-making, including protocols and guides to improve coordination mechanisms, programming, and response to these crimes. Awareness campaigns will be jointly developed with regional committees for counter-trafficking and smuggling to mitigate risks, promote crime reporting, and access to protection services.
- Increasing access to protection systems and comprehensive assistance services for victims of trafficking and persons affected by smuggling, at the national and local level. Technical assistance will be provided to develop local protection routes, strengthen services with equipment in shelters, psychosocial and legal assistance, access to justice, documentation, and reintegration.

The Sub-sector response will incorporate age, gender, and diversity approaches during all programme phases, in addition to a victim-centred and trauma-informed approach. In-kind assistance will be provided through emergency kits, legal and psychosocial guidance, remote and face-to-face protection services, and prevention activities in shelters and safe spaces. In cases where it does not increase the risk of suffering abuse, violence or exploitation, assistance will include CVA. Training activities will be carried out through virtual platforms, and when possible, in face-to-face sessions.

The Sub-sector will coordinate with the Shelter, Humanitarian Transportation, Education, and Integration Sectors, and with relevant public institutions to guarantee access to regularization, documentation, protection assistance, and reintegration. Communication is necessary to reach refugees and migrants with information and sensitization campaigns, complaint hotlines, and participation and feedback mechanisms. Activities will include the response to address situations of SEA. This response will contribute to SDGs 10 (to ensure equal opportunity, reduce inequalities and promote social, economic and political inclusion) and 5 (to achieve gender equality).

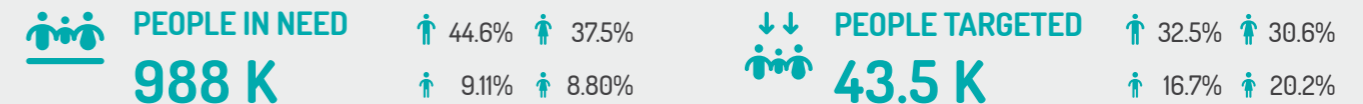
[505] GTRM Peru, Procedimiento operativo estándar para la protección y atención de personas refugiadas y migrantes frente a la trata en contextos de asistencia humanitaria en el Perú, 2021: <https://www.r4v.info/es/document/sop-para-la-proteccion-y-atencion-de-personas-refugiadas-y-migrantes-frente-la-trata>

[506] UNODC, Informe de situación del delito de trata de personas a través de la iniciativa TRACK4TIP en el contexto de flujos migratorios mixtos en Perú, 2021. <https://www.unodc.org/peruandecuador/es/noticias/2021/informe-sobre-la-trata-de-personas-en-contexto-migratorios.html>

[507] Fiscalías Especializadas en Delitos de Trata de Personas (FISTRAP) – Ministerio Público, reporte de 2016-2020, publicado 2021.

[508] US Department of State, Trafficking in Persons (TiP) Report, p. 451, 2021: <https://www.state.gov/reports/2021-trafficking-in-persons-report/>

SHELTER



PRIORITY NEEDS

Access to affordable housing that meets minimum standards of safety and dignity is a priority need among refugees and migrants from Venezuela. According to the JNA, 68 per cent of those surveyed reported that their communities live in overcrowded homes, where two to four family members share a single mattress.⁵⁰⁹ Low income is a key factor in reduced access to quality, stable housing: Venezuelan families surveyed spend at least 21 per cent of their minimum salaries on monthly rent, and 68 per cent perceive households within their communities as having to move frequently.⁵¹⁰

Moreover, the capacity of emergency accommodations, especially in border communities, continues to be insufficient compared to the number of refugees and migrants from Venezuela at risk of homelessness, requiring improved shelter management capacities, infrastructure enhancements and maintenance. Border areas such as Puno, Madre de Dios, Tacna, and Tumbes require temporary shelter solutions for refugees and migrants in transit, whereas permanent accommodation solutions are needed in main cities such as Lima, Arequipa, Cusco, and Trujillo.

RESPONSE STRATEGY

The comprehensive shelter response for 2022 includes three components: improved access to individual housing; scaled-up collective shelter capacities; and increased investment in community infrastructure that enables social cohesion.

Refugees and migrants from Venezuela will be supported to access individual housing, including also through the delivery of multipurpose cash and voucher assistance that can be used for rent. Some 203,000 persons will benefit with household items (including kitchen sets, blankets, and other non-food items) distributed to refugees and migrants in Callao, Lima, Madre de Dios, Piura, Puno, Tacna, and Tumbes to improve their living conditions.

A scaled-up response in collective shelters will benefit around 21,800 refugees and migrants through the renovation and upgrading of spaces and the provision of basic equipment in Lima, Piura Puno, Tacna, and Tumbes. The investment in collective shelters will respond to a coordinated mapping of availability, needs and capacities of existing shelters and transit centres. Hotels will also be considered for temporary accommodation of persons with protection needs.

Public infrastructure such as community centres and sports facilities will be renovated and equipped to promote social cohesion and local integration, as well as to meet safety, hygiene and disaster mitigation standards. The response targets over 31,300 refugees and migrants from Venezuela as well as affected host community members who will benefit from the improvement of such spaces in Ica, Lima, Piura, Puno, Tacna, and Tumbes.

The response will include assessments to identify the needs and conditions of prioritized shelters and community centres and map priority intervention areas where support for individual shelter is required.

Intersectoral strategies include collaboration with the Protection Sector on capacity-building for managers of temporary collective shelters; with the WASH sector on improvement of water and sanitation facilities; and with the Integration Sector regarding support to refugees and migrants from Venezuela for exit strategies from temporary collective shelters.

The response aims to contribute to SDG 7 (affordable and clean energy) and SDG 11 (sustainable cities and communities), as the scaled-up response to collective shelters includes the use of solar panels as an energy source, and efforts towards more inclusive, safe and resilient human settlements.

[509] GTRM Peru, Joint Needs Assessment, August 2021. Publication forthcoming.

[510] The estimate of the 21 per cent minimum expenditure for rent is based on the monthly median income of Venezuelan families according to the ENPOVE 2018.

WASH



PEOPLE IN NEED

↑ 44.6% ↓ 37.5%

697 K

↑ 9.11% ↓ 8.80%



PEOPLE TARGETED

↑ 33% ↓ 36.3%

313 K

↑ 15.1% ↓ 15.6%



TOTAL REQUIREMENTS

9.07 M



RMRP PARTNERS

12

SECTOR LEADS
ACTION AGAINST HUNGER-
COOPI

PRIORITY NEEDS

There is an urgent need to address the lack of safe, potable water in areas frequently transited and inhabited by refugees and migrants from Venezuela. There are structural problems with water storage and distribution, including not only a general shortage of water, but also its quality for human consumption. In addition, host communities for Venezuelans are often marginalized and informal settlements that have limited or no access to WASH services themselves. Some 15 per cent of Venezuelans in Lima have access to water less than 24 hours a day in their homes.⁵¹¹ According to the JNA, 24 per cent of refugees and migrants from Venezuela surveyed indicate that their communities do not have access to safe water.⁵¹² In addition, almost a third of refugees and migrants do not have access to water services in their workplaces.⁵¹³ This situation increases hygiene and health risks, especially during the COVID-19 pandemic, where hand washing is a fundamental measure to prevent the spread of this and other diseases.

Elderly persons, adolescents, women of reproductive age, and children are the populations at higher risk of health complications.

RESPONSE STRATEGY

The three main response priorities of the WASH Sector are to:

- Ensure access to basic hygiene items among the most vulnerable refugees and migrants from Venezuela (mostly in-transit, but also in-destination).
- Raise awareness and capacity among refugees and migrants to improve hygiene and sanitary practices in areas where many Venezuelans live, as well as in temporary shelters in Arequipa, Callao, Cusco, La Libertad, Lambayeque, Lima, Loreto, Madre de Dios, Piura, Tacna, and Tumbes.

- Improve access to WASH services and items in public spaces and areas that provide public services for both host communities and refugees and migrants, especially in the context of the COVID-19 pandemic, in Arequipa, Callao, Lambayeque, Lima, Piura, Tacna, and Tumbes

The first priority will be achieved by delivering hygiene and personal protective equipment (PPE) kits in Arequipa, La Libertad, Lima, Loreto, Madre de Dios, Piura, Tacna, and Tumbes. CVA will also be provided to support families' access to dignified individual housing with adequate WASH services. The second priority will be achieved by producing and disseminating information and engaging in capacity-building targeting refugee and migrant communities, including community leaders, on hygiene practices, prevention of COVID-19, and water and waste management. The third priority will be achieved through the construction, upgrading, improvement and/or installation of handwashing and sanitation facilities (including providing basic equipment to support infrastructure) in public, community and commercial spaces, areas of transit, markets and schools, including for the safe disposal of waste and sewage.

An intersectoral approach will be ensured through coordination with the Protection, Shelter, Health and Nutrition Sectors for the provision of safe water and sanitation in public spaces and in shelters, and to contribute to improving nutrition levels with adequate availability of drinking water for children and adolescents; and coordination with the Education Sector to improve WASH in schools. Additionally, WASH partners will work with national and local authorities, and the private sector. This response will contribute to SDG 6 to ensure availability and sustainable management of water and sanitation for all.

[511] GTRM – Basic Needs Sub-Working Group, Análisis situacional sobre necesidades de Agua, Saneamiento e Higiene de refugiados y migrantes de Venezuela y comunidad de acogida asentados en Lima y Callao, 2021. Publication forthcoming.

[512] GTRM Peru, Joint Needs Assessment, August 2021. Publication forthcoming.

[513] GTRM – Basic Needs Sub-Working Group, Análisis situacional sobre necesidades de Agua, Saneamiento e Higiene de refugiados y migrantes de Venezuela y comunidad de acogida asentados en Lima y Callao, 2021. Publication forthcoming.

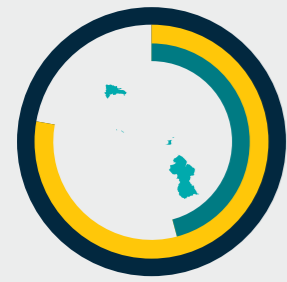


CARIBBEAN

CARIBBEAN AT A GLANCE



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POPULATION PROJECTION 2022

223 K

PEOPLE IN NEED

204 K

PEOPLE TARGETED

111 K

VENEZUELAN IN DESTINATION

223 K

173 K

102 K

HOST COMMUNITY

-

30.7 K

9.09 K

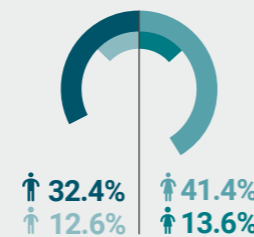
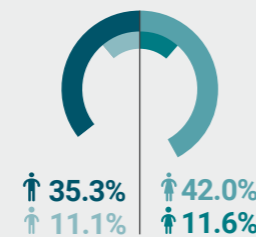
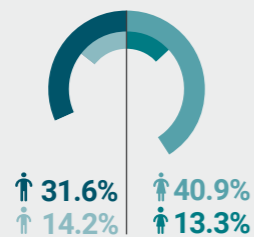
IN TRANSIT*

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GENDER DISAGGREGATION

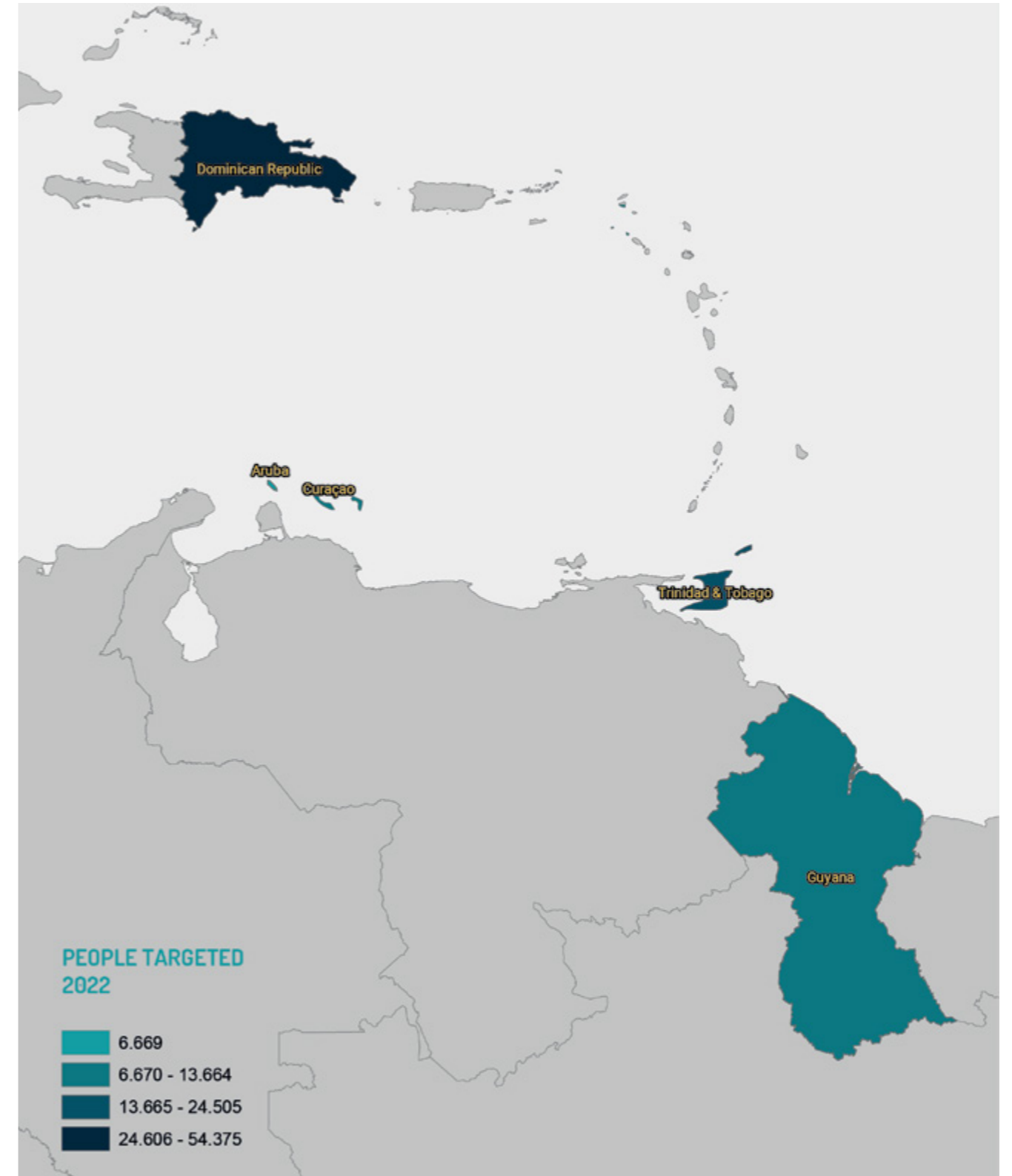


TOTAL REQUIREMENTS
\$68.4 M

RMRP PARTNERS
27

* Refugees and migrants in-transit are included in the national totals.





FUNDING REQUEST AND BENEFICIARIES TARGETED



COUNTRY	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Dominican Republic	121 K	99.1 K	54.4 K	\$24.4 M
Trinidad & Tobago	34.1 K	35.3 K	24.5 K	\$20.9 M
Guyana	28.9 K	29.5 K	13.7 K	\$10.6 M

COUNTRY	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Curaçao	19.0 K	19.1 K	12.2 K	\$7.28 M
Aruba	19.0 K	21.2 K	6.67 K	\$5.28 M






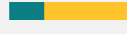



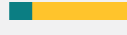
















NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	 International NGOs	 National NGOs / CSOs [†]	 Others ^{††}	 UN Agencies
Financial requirements	10.1%	3.57%	-	86.3%
Organizations	5	14	-	8

[†] Civil Society Organizations.
^{††} Others include the Red Cross Movement, academia and faith based organizations.

The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)	Targeted In need	People targeted	Financial requirements (USD)	Partners
 Education	44.1 K		16.9 K	5.89 M	12
 Food Security	87.9 K		11.9 K	1.49 M	9
 Health	81.4 K		23.7 K	4.20 M	16
 Humanitarian Transportation	10.4 K		80	209 K	3
 Integration	171 K		32.6 K	17.0 M	20
 Nutrition	11.9 K		1.08 K	295 K	1
 Protection*	147 K		66.7 K	14.5 M	10
 Child Protection	33.7 K		21.0 K	1.67 M	6
 Gender-Based Violence (GBV)	39.5 K		10.5 K	3.51 M	10
 Human Trafficking & Smuggling	12.7 K		772	1.63 M	5
 Shelter	65.7 K		9.85 K	5.37 M	8
 WASH	15.9 K		4.45 K	1.36 M	7
 Multipurpose Cash Assistance	-	-	11.9 K	8.00 M	7
 Common Services**	-	-	-	3.22 M	10

* This includes Support Spaces

** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



© UNHCR/ Diana Díaz

Countries comprising the Sub-regional R4V Platform in the Caribbean – Aruba, Curaçao, the Dominican Republic, Guyana and Trinidad and Tobago – host some of the highest concentrations of refugees and migrants per capita worldwide: in 2020,⁵¹⁴ Aruba hosted the world’s largest number of refugees and migrants relative to its population, at nearly 16 per cent, while Curaçao took third place at roughly 10 per cent.⁵¹⁵ The five countries of the sub-region continue to receive new arrivals of refugees and migrants from Venezuela to their territories, despite movement restrictions established during the pandemic, and other entry limitations that were still in place at the end of 2021. Estimates based on official government sources and on consultations amongst R4V partners indicate that approximately 222,500 refugees and migrants from Venezuela will be present in the Caribbean by December 2022.⁵¹⁶

According to needs analyses⁵¹⁷ conducted in the different countries of the Sub-regional Platform, existing socio-economic and structural inequalities in the sub-region have significantly deepened due to the COVID-19 pandemic, and negatively impacted living conditions of refugees and migrants from Venezuela and host communities. Decreased business activity resulted in lost income and increased costs of living in many countries of the sub-region.⁵¹⁸ The need for employment, medical care and legal assistance for refugees and migrants from Venezuela featured prominently in 2021, while food security and shelter remained among main priorities, leaving many Venezuelans unable to meet basic needs and facing evictions.⁵¹⁹ These are particularly concerning in rural areas and indigenous communities, where affected refugees and migrants require long-term support for food security, self-

[514] R4V Caribbean, Caribbean RMRP 2020 End of Year Report, May 2021: <https://www.r4v.info/sites/default/files/2021-06/Caribbean%20RMRP%20End%20of%20Year%20Report.pdf>

[515] For global reference/ comparison see UNHCR, Refugee Data Finder, 2020: <https://www.unhcr.org/refugee-statistics/>

[516] R4V Caribbean, Caribbean R4V Mid-Year Report, 2021: <https://www.r4v.info/en/document/caribbean-rmrp-2021-mid-year-report>

[517] In Aruba and Curacao, R4V partners carried out the 2021 Inter-agency Participatory Assessment to gather first-hand information on protection risks, needs and capabilities of the Venezuelan community in Aruba and Curacao. In Aruba, partners also conducted a DTM in July 2021 to collect periodic information on refugees’ and migrants’ profiles, characteristics and socioeconomic status. R4V partners in Guyana and the Dominican Republic also conducted DTMs in various regions. Trinidad and Tobago partners relied on pre-existing assessments, including the DTM 2020 and the UNHCR Participatory Assessment 2020, and undertook assessments to gather information on Experiences of Refugees and Migrants with Violence in Trinidad and Tobago, Treatment of Refugees and Migrants with a specific focus on Rights to Education, Employment and Protection from Sexual Exploitation, and a Labour Market Assessment for the Economic Inclusion of Refugees and Migrants in Trinidad and Tobago. While final reports are yet to be finalized and links remain unavailable to the public, initial findings were used to inform the RMRP 2022.

[518] Economic Commission for Latin America and the Caribbean (ECLAC), “The impact of the COVID-19 pandemic on the tourism sector in Latin America and the Caribbean, and options for a sustainable and resilient recovery,” December 2020: <https://www.cepal.org/en/publications/46502-impact-covid-19-pandemic-tourism-sector-latin-america-and-caribbean-and-options>; ECLAC, Economic Survey of the Caribbean 2020: Facing the challenges of COVID-19, 2021: https://www.cepal.org/sites/default/files/publication/files/46714/S2000888_en.pdf

[519] UNHCR/IOM internal reports; R4V Protection Sector, Regional Survey on Evictions of Refugees and Migrants from Venezuela, Feb 2021: <https://www.r4v.info/en/document/regional-survey-evictions-refugees-and-migrants-venezuela>

reliance, and access to employment.⁵²⁰ As the economic impacts of the pandemic are expected to persist for some time across the sub-region, these conditions and the consequent needs are not expected to abate in the short to mid-term.

Overall, refugees and migrants from Venezuela in irregular situations face various barriers to accessing services or participating in host countries' formal labour markets, since they do not have the required stay and work permits and risk detention and deportation if identified by authorities.⁵²¹ Additionally, access to healthcare is limited, often due to lack of documentation, insurance and other requirements which refugees and migrants from Venezuela cannot meet,⁵²² and the prioritization of nationals by healthcare providers.⁵²³ Although some countries established social relief packages to support people in vulnerable conditions during the pandemic,⁵²⁴ undocumented Venezuelans remained excluded and continue to depend on humanitarian assistance to survive.

With many refugees and migrants from Venezuela unable to meet basic needs during the pandemic, protection risks including gender-based violence (GBV) and mental distress have required enhanced counselling and assistance on the part of R4V partners, and in some cases compelled refugees and migrants from Venezuela to resort to coping mechanisms that put them at heightened risk of violence, abuse, and exploitation. A qualitative study that engaged survivors and analysed their stories further emphasized the heightened risks of violence and exploitation suffered by this group.⁵²⁵

Moreover, integration processes and the relationship with host communities have presented distinct challenges. According to the results of a perception survey⁵²⁶ conducted by the Sub-regional R4V Platform in the five countries of the sub-region, there is an overall sentiment that Venezuelans can contribute to their communities; however, more than 50 per cent of

respondents thought that only certain profiles should be allowed entry, reflecting some reservations towards these populations.

Overall, the Governments of all five Caribbean countries continue working towards domestic legislation and policies to provide protection to refugees and migrants from Venezuela, including laws and national response plans to combat trafficking in persons (TiP), such as the procedures on the identification, referral, assistance and protection of victims of trafficking (VoTs) developed by R4V partners in conjunction with Aruban and Curaçaoan authorities;⁵²⁷ technical review of key legislative documents and the Draft Labour Migration Policy provided by partners in Trinidad and Tobago,⁵²⁸ or the training materials and resources partners developed in Guyana to advance the creation of counter-trafficking procedures. Also, by the end of 2020, all five governments had included all individuals, regardless of nationality or situation in-country, in COVID-19 vaccination plans.⁵²⁹

Important government-led initiatives to regularize or extend permits of Venezuelans who would otherwise be in irregular situations have been launched in 2021 and will require enhanced support from R4V partners in 2022. The Dominican Republic launched a regularization scheme, targeting 100,000 Venezuelans⁵³⁰ in the country to receive non-resident work and student permits. Meanwhile, Trinidad and Tobago extended stay permits until November 2021 for Venezuelans registered in a July 2019 exercise.⁵³¹ However, regularization requirements are often difficult for refugees and migrants from Venezuela to meet,⁵³² and alternative stay arrangements that take into account specific protection needs of Venezuelans remain constrained.⁵³³

Refugees and migrants from Venezuela continue risking their lives through dangerous, irregular boat journeys to reach Caribbean countries, at times resulting in fatalities,⁵³⁴

and with smuggling situations turning into trafficking and/or exploitation.⁵³⁵ This situation has been aggravated by border closures⁵³⁶ and stringent entry requirements throughout the sub-region.⁵³⁷ The need for avenues to legal stay and regularization remains critical, as risks of pushbacks, deportation, *refoulement*, TiP, exploitation,⁵³⁸ abuse, and GBV remain acute for vulnerable groups.

Given this context, R4V partners will continue to advocate with host governments to promote access to territory and end pushbacks and deportations of Venezuelans, to respect the principle of *non-refoulement*,⁵³⁹ while providing access to asylum for those with international protection needs, and ensuring that all migratory procedures observe due process and provide specialized protection to those in need. R4V partners will seek increased access to Venezuelans in detention, including through lawyers, while pursuing alternatives to refugee and migrant detention.

RESPONSE STRATEGY

Sub-Regional Planning Scenario

Of the 222,500 refugees and migrants expected in the Caribbean Sub-region by the end of 2022, 78 per cent are considered in need of assistance, along with nearly 31,000 members of affected host communities. Irregular arrivals by boat to the islands of Aruba, Curaçao and Trinidad and Tobago and across the riverine border between Guyana and Venezuela are likely to continue. Access to international protection for Venezuelans (including under the 1951 Refugee Convention and the European Convention on Human Rights)⁵⁴⁰ will remain limited⁵⁴¹ but is expected to improve through continuous investment in enhancing asylum and other relevant protection procedures.

Scope of the Response and Priorities

The Caribbean sub-regional response will focus on three main areas:

- Delivering essential goods and services, including food, non-food items (NFIs), shelter and hygiene items, multisectoral and sectoral cash and voucher assistance (CVA) including for health and psychosocial support.
- Preventing, mitigating and responding to protection risks of refugees and migrants from Venezuela and improving the protection environment in affected countries. Particular attention will be given to the prevention and response

to GBV, child protection and counter-trafficking efforts. Advocacy will focus on: regularization processes with criteria to ensure eligibility of refugees and migrants from Venezuela; functional asylum systems as pathways for access to international protection and corresponding rights (including documentation, access to employment, health, and education); the prevention of *refoulement* and detention of refugees and migrants; and access to territory and referral to corresponding protection systems for Venezuelans in vulnerable situations.

- Increasing integration opportunities, including access to decent employment, through access to documentation and essential public services linked to fundamental rights (education and health), including advocacy for the inclusion of refugees and migrants from Venezuela in national social protection mechanisms.⁵⁴²

Capacity-building and support for relevant stakeholders on referral pathways to respond to refugees and migrants from Venezuela seeking assistance will be prioritized, as will language classes.⁵⁴³ Integration opportunities will be promoted to expand access to livelihoods, including business grants, vocational training, matching refugees and migrants with employers, and advocating for diploma validation.

Partners will support and complement government efforts and specialized services to prevent and respond to survivors of GBV and VoTs. Communication with communities (CwC) and community-based empowerment will be enhanced, including with host communities. Partners will provide CVA, legal and psychosocial support, and assistance with healthcare costs for Venezuelans with special protection needs.

Response Principles

Activities undertaken in the Caribbean under the RMRP 2022 aim to ensure an informed rights-based approach that is age, gender and diversity sensitive, and protects the rights, safety and well-being of refugees and migrants, including those with specific protection needs. For example, partners conducting data collection will disaggregate it by age and sex and by other diversity considerations, as contextually appropriate and possible, for purposes of analysis and programming. Country operations will employ participatory methodologies at each stage of the operations management cycle, to incorporate the capacities and priorities of women, men, girls, and boys (and vulnerable groups) of diverse backgrounds into protection, assistance, and solutions programmes. Among other

[520] OAS and R4V Regional Protection Sector, Impacts of COVID-19 on Refugees and Migrants from Venezuela, October 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[521] Aruba, Curaçao and Trinidad and Tobago, which lack such pathways, have been returning Venezuelans in irregular situations. Although many refugees and migrants from Venezuela are also without residency or in irregular situations in Guyana, no systematic deportations of those in irregular situations are reported.

Available at: R4V Caribbean, Legal Framework Factsheet, 2021: <https://www.r4v.info/en/document/legal-framework-factsheet-caribbean>

[522] See Caribbean Health Sector chapter of this RMRP 2022.

[523] In Curaçao, many Venezuelans lack the documentation required for insurance to access public health systems.

[524] For example, in Aruba and Curaçao, the authorities implemented a food distribution project where all persons, including refugees and migrants, could receive food assistance. The format changed from food cards distributed in 2020 and early 2021 to food hampers by August 2021. R4V partners assist with the logistical aspects of the programme such as registration and distribution. R4V Caribbean, Situation Report, August 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-august-2021>; R4V Caribbean, Situation Report, September 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-september-2021>

[525] Williams, K; Rampersad, R.; Parasram Mano, Nurse-Carrington, A Characterization of Venezuelan Female Migrants and Refugees in Guyana and Trinidad & Tobago, September 2020.

[526] R4V Caribbean, Report on Caribbean Perception Survey (internal), May 2021. The survey received 348 responses from the target sample, with 79 per cent from Guyana and Trinidad and Tobago.

[527] R4V Caribbean Protection Background Notes, Trafficking in Persons Sub-sector, June 2021: <https://www.r4v.info/sites/default/files/2021-08/TiP%20Background%20Notes%202021%20-%20June%20revision.pdf>

[528] IOM Accelerates Labour Migration Policy Discussions in Trinidad and Tobago, November 2021: <https://rosan jose.iom.int/SITE/en/news/iom-accelerates-labour-migration-policy-discussions-trinidad-and-tobago>

[529] R4V Caribbean Health Background Notes, June 2021: <https://www.r4v.info/en/document/health-background-notes-caribbean>

[530] R4V Caribbean, Integration Background Notes, May 2021: <https://www.r4v.info/en/document/integration-background-notes-caribbean>

[531] Alvarado, G., Venezuelans begin getting work permits extended, August 2021: <https://newsday.co.tt/2021/08/13/venezuelans-begin-getting-work-permits-extended/>

[532] Barriers to regularization in Trinidad and Tobago and the Dominican Republic include lack of required documents, for example identification cards and passports (which may be expired). In the Dominican Republic, other barriers for accessing the Normalization Plan are mainly economic, related to the cost of around 200 USD per person, and an average family cost of almost 1,000 USD.

[533] For example, lack of access to asylum procedures, temporary protected status for specific vulnerabilities, or prevention of detention for people with pending immigration decisions or asylum claims.

[534] UNHCR/IOM, Latest Caribbean shipwreck tragedy underscores need for safe pathways, April 2021: <https://www.unhcr.org/news/press/2021/4/60867de04/unhcr-iom-latest-caribbean-shipwreck-tragedy-underscores-need-safe-pathways.html>

[535] IOM, Migration in the Caribbean: Current Trends, Opportunities and Challenges, June 2017: https://reliefweb.int/sites/reliefweb.int/files/resources/Working%20papers_%20en_baja_20.06.17.pdf

[536] Chaitram, S., Tragedies at Sea: Venezuelan migrants continue to flock to Trinidad and Tobago despite border closure, April 2021: <https://theglobalamericans.org/2021/04/tragedies-at-sea-venezuelan-migrants-continue-to-flock-to-trinidad-and-tobago-despite-border-closure/>

[537] R4V Caribbean, Trafficking in Persons Background Notes, 2021: <https://www.r4v.info/en/document/trafficking-persons-background-notes-caribbean>

[538] IOM, Planning for Prosperity: Labour Migration and Guyana's Emerging Economy, 2021: https://programamesocaribe.iom.int/sites/default/files/planning_for_prosperity_labour_migration_and_guyanas_emerging_economy.nl.pdf

[539] Aruba, Curaçao and Trinidad and Tobago carried out deportations of Venezuelans in 2021, including persons believed to have international protection needs that had not been adequately assessed prior to deportation, as well as children and infants, resulting in potential *refoulement* of Venezuelans.

[540] Aruba and Curaçao are autonomous constituent countries of the Kingdom of the Netherlands. The Netherlands retains responsibility for matters of foreign policy and realization of human rights, therefore these countries are subject to the ECHR. See also the R4V Caribbean Legal Framework Factsheet.

[541] R4V Caribbean, Legal Framework Factsheet, 2021: <https://www.r4v.info/en/document/legal-framework-factsheet-caribbean>

[542] Social Protection Programs and public services include work permits, grants, health, vaccination campaigns and education.

[543] In the Caribbean sub-region, capacity-building in several languages is required. Host community members learn Spanish, and indigenous languages (where possible) while Venezuelans learn English, and for Aruba and Curaçao, Dutch and Papiamentu.

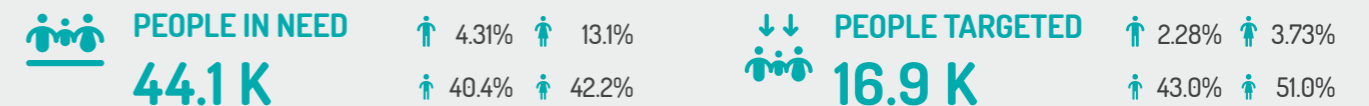
interventions, women and girls and other vulnerable groups such as the elderly and persons with special need have equal access to (or where required will be prioritized) for food, core-relief items, and CVA.

To ensure quality and responsive programming aligned with refugees' and migrants' evolving needs, R4V partners' accountability actions will be guided by the Accountability to Affected Populations (AAP) framework, which will be developed in 2022 to ensure coherence and consistency with work carried out regionally.⁵⁴⁴ The sub-regional response will be achieved through regular consultations with affected populations, including inter-agency participatory assessments, protection monitoring exercises, displacement and movement tracking reports,⁵⁴⁵ focus group discussions, helplines, protection counselling, and complaint/feedback mechanisms at agency and community level. Additionally, partners will maintain close ties with refugee and migrant communities via social media and other outreach mechanisms to monitor needs and receive continuous feedback.

Adherence to Protection from Sexual Exploitation and Abuse (PSEA) policies and procedures, including R4V partners' internal measures and complaints mechanisms, will be ensured as part of a comprehensive protection mainstreaming strategy by incorporating protection principles and promoting meaningful access, safety and dignity in the intersectoral humanitarian aid provided to beneficiaries. Furthermore, gender analyses will be carried out to allow R4V partners to tailor activities that reinforce gender-sensitive prevention and response mechanisms.

In terms of the principle of Centrality of Protection (CoP), R4V partners are guided by the IASC Policy on Protection in Humanitarian Action (2016) and prior statements of IASC Principles (2013), whereby protection will be mainstreamed throughout the programmatic cycle, and effective engagement with affected populations will promote sensible targeting of populations while enhancing their enjoyment of fundamental rights. Partners will also work with community leaders to establish a community-based, two-way communication network that allows for information-sharing and sensitization. Finally, partners will include environmental considerations in their activities in the Caribbean: 44 per cent of partner submissions to the RMRP included environmental assessments or considerations at least partially in their response design.

EDUCATION



SECTOR LEADS
IOM-UNHCR

PRIORITY NEEDS

Although bound by international *legal obligations*⁵⁴⁶ to provide education to all children, access to formal education remains elusive for refugees and migrants from Venezuela in many Caribbean countries. In all five countries, refugees and migrants face administrative, financial, language, and cultural barriers to access primary and secondary education. In addition, there are limitations in accessing tertiary education and challenges due to non-recognition of prior degrees and reported incidents of xenophobia translating into bullying at school.⁵⁴⁷

In Aruba, Curaçao and the Dominican Republic, national laws require school attendance for all children regardless of their situation in-country, and in Guyana, refugee and migrant children from Venezuela can access public schools free of charge. However, in these four countries, enrolment has proven difficult as capacities to host additional students are limited and/or purchasing mandatory insurance⁵⁴⁸ is unattainable due to required documents. Limited resources for uniforms, a lack of learning materials and transportation services pose additional obstacles. Meanwhile, in Trinidad and Tobago, while not explicitly barred, in practice refugee and migrant children cannot attend public schools due to requirements for student permits, which can only be obtained in conjunction with regular status.⁵⁴⁹

Moreover, the shift to virtual classes due to the pandemic has brought to the fore pre-existing gaps in digital connectivity and access to technology. Unfamiliarity with online platforms, usually facilitated in a foreign language, have *often resulted in* parents' inability to support their children's education.⁵⁵⁰ Access and support for remote schooling will continue to be needed in the Caribbean, especially in Trinidad and Tobago,

where online alternative education remains the main option for refugee and migrant children.

RESPONSE STRATEGY

In 2022, R4V Education Sector partners will aim to improve access to education by:

- Advocating with authorities to integrate refugee and migrant students from Venezuela in all levels of public education, regardless of their situation.
- Enhancing monitoring systems to track enrolment, retention, and results of students in educational programmes.
- Expanding school capacity to absorb more students, including by improving access to online education through the delivery of technological solutions to improve remote learning, expanding early childhood and skills-training programmes, and improving second-language training for stakeholders.

Advocacy will remain a strategic action for integrating children into national education systems. This will be complemented with direct service provision⁵⁵¹ and CVA for education needs. Information on available education programmes and registration requirements will be disseminated to parents and caregivers in Spanish. In Trinidad and Tobago, additional support will be provided to teachers and other service providers (administrative staff, other personnel that interact with learners and parents) to incorporate refugee and migrant children and adolescents in alternative education programmes.

[544] R4V Regional Accountability to Affected Populations (AAP) Framework (2021) will be made available in late 2021. Currently unpublished.

[545] The Displacement Tracking Matrix (DTM) of the International Organization for Migration (IOM) is used to maintain periodic monitoring of refugees and migrants, as it relates to their profiles, characteristics, and socio-economic status. Data gathered through this process informs the locations, evolving needs and vulnerabilities of refugee and migrant populations.

[546] R4V Caribbean, Legal Framework Factsheet, 2021: <https://www.r4v.info/en/document/legal-framework-factsheet-caribbean>

[547] R4V Caribbean, Education Background Notes, 2021: <https://www.r4v.info/en/document/education-sector-background-notes-caribbean>

[548] R4V Country Chapters, Aruba, Curacao, Dominican Republic, Guyana, Trinidad and Tobago, August 2021. Internal Reports.

[549] The Education Act, Pa.7, states that "no person shall be refused admission to any public school on account of the religious persuasion, race, social status or language of such person or of his parent." This has been interpreted to also prohibit discrimination on the basis of national origin. However, the Ministry of Education policy on admission of students with a foreign passport (Circular Memorandum No.17 of 2017, Admission of Students with a Foreign Passport to a School in Trinidad and Tobago, <http://ba-tc.org/batcwp/wp-content/uploads/Admission-of-Non-Nationals-to-Schools-in-Tand-T.pdf>) requires them to have a student permit, which when taken together with the Immigration Act implies that students must have a regular status to be admitted: Pa.56, states that persons may not be admitted to the country "(...)for the purpose of entering any educational or training establishment ... unless that person is in possession of a valid student's permit (...)." Trinidad and Tobago Immigration Act (Act 41 of 1969): https://www.oas.org/dil/Immigration_Act_Trinidad_and_Tobago.pdf.

[550] Maharaj-Landaeta, S., "Education in the Post-Covid Era," 2021: https://www.researchgate.net/publication/351911542_Education_The_2021_Post-COVID_Edition.

[551] Direct services include face-to-face classes, tutorials, language sessions, participation in school-feeding programs, and psychosocial support through guidance counselling.

In the Dominican Republic and Guyana, the Sector will coordinate with WASH actors for water and sanitation infrastructure and hygiene services to be improved in schools. Other key strategic interventions will be cross-cutting, linking to the Protection, Child Protection, GBV, Health and Integration Sectors and Sub-sectors, including developing comprehensive and relevant educational resource materials, activating referral

pathways, and identifying possible GBV or other forms of child abuse. Additionally, coordination will be pursued with the Food Security, Nutrition and Health Sectors to ensure that children benefit from school feeding programmes, in-school nutrition assessments, and immunization campaigns. Synergies will be sought with the Integration Sector regarding accreditation of Venezuelan academic certifications.

children in schools. Direct interventions will be complemented with awareness-raising and advocacy to include vulnerable groups in food assistance.

Together with the Nutrition Sector, Food Security Sector partners will target pregnant and lactating mothers in conjunction with Infant Young Child Feeding (IYCF)⁵⁶² programmes and direct

emergency food assistance to refugees and migrants, including to address nutrition gaps. Meanwhile, the Sector will coordinate with the Protection, Health, and Education Sectors to identify and jointly work on referrals of refugees and migrants from Venezuela with acute needs related to food security, based on joint assessments.

FOOD SECURITY

PEOPLE IN NEED
87.9 K

↑ 30.5% ↓ 37.6%
↑ 16.5% ↓ 15.4%

PEOPLE TARGETED
11.9 K

↑ 28.3% ↓ 40.4%
↑ 14.0% ↓ 17.3%

TOTAL REQUIREMENTS
1.49 M

RMRP PARTNERS
9

SECTOR LEADS
IOM-UNHCR

PRIORITY NEEDS

According to an April 2020 survey that included Caribbean sub-regional countries, one-fifth of respondents reported eating less and 17 per cent reported having to skip meals due to income loss during the COVID-19 pandemic.⁵⁵² Showing that the trend has not (uniformly) abated, some R4V partners reported between 500-650 per cent increases in requests for food assistance between April and September 2021.⁵⁵³ Refugees and migrants – who largely work in the informal sector – have been disproportionately impacted by the pandemic, and the number of those in urgent need of food assistance has increased rapidly. Trinidad & Tobago R4V partners report that requests relating to food assistance and CVA are the most prominent requests received via hotlines throughout 2021.⁵⁵⁴ Limited access to food likewise remains a major gap in Guyana,⁵⁵⁵ particularly in remote border regions which are affected by higher prices and inadequate food items.⁵⁵⁶ Logistical challenges hinder coordination of needs assessments and delivery of assistance⁵⁵⁷ in these communities, which are also primarily where indigenous peoples live,⁵⁵⁸ including disproportionately impacted indigenous refugees and migrants from Venezuela.⁵⁵⁹

[552] CARICOM/World Food Program, Caribbean COVID-19 Food Security & Livelihoods Impact Survey Regional Summary Report Pa.04, April 2020: https://docs.wfp.org/api/documents/WFP-0000114475/download/?_ga=2.45837284.1749133943.1588015917-451205294.1585360228

[553] R4V internal reports.

[554] CBI and Emergency Food Assistance: Addressing Food Insecurity in Trinidad & Tobago, June 2021: <https://www.r4v.info/en/document/cbi-and-emergency-food-assistance-addressing-food-insecurity-trinidad-tobago>; UNHCR, Trinidad and Tobago Factsheet, July 2021: <https://reporting.unhcr.org/sites/default/files/Trinidad%20and%20Tobago%20factsheet%20July%202021.pdf>

[555] R4V Caribbean, Situation Report, February 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-february-2021>.

[556] Starbroek News-Food Prices Up by 14 Per Cent, September 2021: <https://www.starbroeknews.com/2021/09/28/news/guyana/food-prices-up-by-14/>

[557] R4V Caribbean, Caribbean RMRP 2020 End-of-Year Report, Caribbean Sub-Regional Platform, April 2021: <https://www.r4v.info/en/document/caribbean-subregional-platform-end-year-report-2020>

[558] Bollers et al., InterAmerican Development Bank, Guyana's Indigenous Peoples Survey, Final Report, 2014: <https://publications.iadb.org/publications/english/document/Guyana%E2%80%99s-Indigenous-Peoples-2013-Survey-Final-Report.pdf>

[559] OAS and R4V Regional Protection Sector, Impacts of COVID-19 on Refugees and Migrants from Venezuela, October 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[560] R4V Caribbean, Situation Report, August 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-august-2021>

[561] R4V Caribbean, Situation Report, September 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-september-2021>

RESPONSE STRATEGY

Nearly 12,000 persons in the sub-region will be targeted for food assistance in 2022. R4V partners will focus on:

- Providing culturally appropriate food assistance to refugees and migrants from Venezuela, targeting households with children, including supporting the logistics of food assistance projects led by host governments in Aruba⁵⁶⁰ and Curaçao.⁵⁶¹
- Transitioning to resilience-focused medium-term support modalities, such as regular food kit distributions and CVA, and providing referrals and targeted distributions to the most vulnerable households for additional assistance.
- Promote and provide training to implement community farming initiatives in remote areas.

Partners will provide direct support to refugees and migrants in the form of food kits, CVA and QR-coded vouchers to be used at participating supermarkets. R4V partners in Aruba will also provide hot meals through a healthy breakfast project targeted to support refugee, migrant and affected host community

HEALTH

PEOPLE IN NEED
81.4 K

↑ 32.6% ↓ 40.0%
↑ 13.2% ↓ 14.1%

PEOPLE TARGETED
23.7 K

↑ 32.9% ↓ 41.1%
↑ 12.7% ↓ 13.3%

TOTAL REQUIREMENTS
4.2 M

RMRP PARTNERS
16

SECTOR LEADS
IOM-UNHCR

PRIORITY NEEDS

While access to emergency and primary healthcare is available for refugees and migrants from Venezuela in the Dominican Republic, Trinidad and Tobago⁵⁶³ and Guyana, needs related to secondary, more complex, or longer-term treatments persist,⁵⁶⁴ especially impacting pregnant women and the elderly, persons with disabilities, and persons seeking care in rural and remote areas with insufficient healthcare facilities. Language barriers further hamper access. Meanwhile, in Aruba and Curaçao, Venezuelans are largely unable to access national public health systems. While in Aruba they can access emergency services, they must pay out-of-pocket for most regular medical services, often accumulating debts.⁵⁶⁵ In Curaçao persons in irregular situations cannot access health services through the national systems. Local systems also have limited capacity to provide adequate care related to COVID-19 prevention, testing and treatment.

Mental health needs are also among the major concerns, considering that psychosocial and psychiatric support are not easily available in the sub-region. Additionally, sexual and reproductive health (SRH) services are needed, particularly for survivors of GBV and persons engaged in survival sex.

RESPONSE STRATEGY

The main response priorities for healthcare in the Caribbean include:

- Providing health services directly to refugees and migrants from Venezuela where access is not available through the national/public health systems, particularly in Aruba and Curaçao, including MHPSS, access to SRH services and dental care.
- Expanding access to and integrating refugees' and migrants' health needs into national health policies and programmes for healthcare access, particularly in the Dominican Republic and Trinidad and Tobago, bridging short-term emergency responses with medium to long-term actions, including by advocating for the inclusion of refugees and migrants in public health systems.
- Improving access to health services by developing and translating information products in Spanish, including relevant mappings of existing health services available to Venezuelans.

The health response will focus attention on Venezuelans with special health and protection needs, including maternal and child health and chronic illnesses. Access to preventive medicine, and care for chronic, complex, and autoimmune diseases will be reinforced. This will be complemented by strengthened coordination mechanisms among partners, and health surveillance through information management and monitoring, including implementing GBV hospital surveillance systems to capture sexual assault data related to refugees and migrants for evidence-informed decision-making. Responses will also include direct healthcare service provision, like prenatal

[562] UNHCR, Infant Feeding in Emergencies (IFE) Core Group Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers, Oct 2017: <https://www.unhcr.org/45f6cd022.pdf>

[563] In Trinidad and Tobago, access to primary and emergency health care, including support for infant and young child feeding, and growth monitoring and immunization for children under the age of five, is granted to all. Yet there is limited access to these services for refugees, migrants and other non-national groups due to lack of knowledge of where to go, long waiting times, denial of services, perceived victimization and fear of deportation, quality of customer assistance, language barriers, shortage of medicinal supplies and transportation costs.

[564] Such as hypertension, diabetes, HIV, cancer, schizophrenia, Parkinson's, Alzheimer's and rehabilitation.

[565] R4V Caribbean, Health Background Notes, 2021: <https://www.r4v.info/en/document/health-background-notes-caribbean>

control, vaccination, contraception, health information, telehealth services, and other primary care, including services to people with sexually transmitted infections (STIs) and mental health issues. Access to primary healthcare will be supported for undocumented refugees and migrants through sectoral CVA, including for referrals to specialists, laboratory tests, and purchase of medications. Partners will also support secondary and tertiary healthcare for refugees and migrants and provide training and sensitization for health personnel on how to respond to this group. Further, community-led activities (i.e. medical brigades) will take place and the dissemination of informational materials on health in Spanish will be expanded.

In Curaçao, partners will continue to operate a clinic to provide basic healthcare for refugees and migrants, and in Aruba, partners will provide dental care and cover some medical and laboratory costs through CVA.

Collaboration between the Health, Education and Protection Sectors and the GBV Sub-sector will be essential, particularly on SRH, to share messages on family planning and STIs in schools and among vulnerable groups. Partners will work closely with the Protection Sector to ensure that protection-sensitive health services are available to persons with specific needs and serve as entry points for the identification of survivors of GBV, VoTs and children in need of protection. Finally, coordination with the Humanitarian Transportation and Shelter Sectors will be key to organize transportation and accommodation for cases where access to specialized treatments are unavailable in some countries.

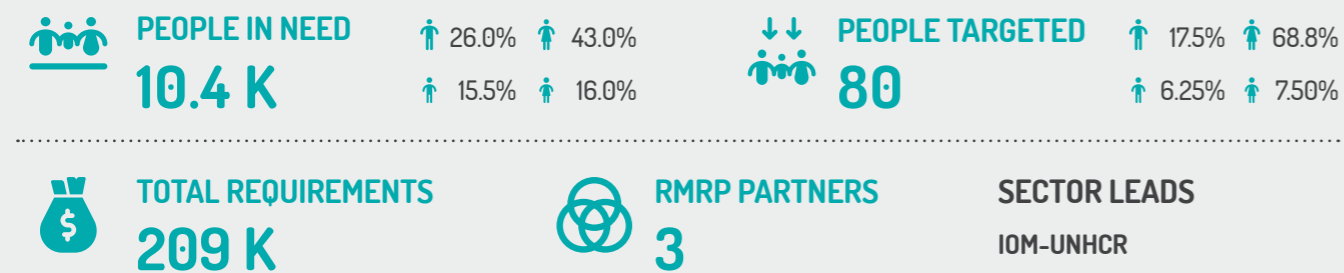
- Continue to engage the relevant Guyanese ministries, including the Ministry of Amerindian Affairs, to integrate refugees and migrants, particularly those from indigenous communities, into assistance programmes, offering transportation and accommodation in Georgetown when needed.
- Provide support with emergency transportation for refugees and migrants who have health and/or protection-related risks in Guyana that can be addressed through temporary or permanent internal relocation.

Partners will provide direct assistance to refugees and migrants from Venezuela, including through CVA for emergency transportation services. Partners will also support and strengthen the government's capacity to comprehensively

address transportation-related challenges and movement restrictions affecting refugees and migrants, including by engaging in awareness-raising sessions and trainings to support authorities in the integration of refugees and migrants into current transportation support programmes.

In coordination with relevant Sectors, such as Health, Protection and Shelter to assist those with corresponding needs, an integrated response will be implemented where comprehensive assistance is provided to persons in need, including accompaniment and safe, dignified, and timely transportation. This will be coordinated closely with the Guyanese Ministry of Health, Ministry of Human Services and Social Security and Ministry of Amerindian Affairs.

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

Guyana is the only country in the Caribbean sub-region that carries out Humanitarian Transportation activities where corresponding needs in this field persist,⁵⁶⁶ including due to COVID-19-related movement restrictions. Refugees and migrants from Venezuela in need of emergency medical treatment and/or in a situation of protection risk, including GBV, require transportation, in many cases to Georgetown,⁵⁶⁷ from more remote areas across the country where medical and other emergency services are limited, especially from Regions 1, 7 and 9 that border Venezuela. Internal movement restrictions imposed on refugees and migrants from Venezuela mean that they cannot easily pass between regions, for which permits are required.⁵⁶⁸ While the authorities make exceptions for emergency medical treatment, after treatment has been administered for health-related evacuations and they are discharged from the hospital in Georgetown, they often lack local shelter options or means of returning to their residences. In addition, while the authorities also allow for evacuations due to physical and legal protection risks, such as in cases of GBV survivors or child protection cases, the processing

of necessary permits delays the travel and transportation of persons at imminent risk. Furthermore, mobility limitations also broadly impact the socio-economic integration prospects of refugees and migrants from Venezuela and contribute directly to unemployment, increased inability to meet basic needs, lack of livelihoods and heightened protection risks. In particular, refugees and migrants arriving to border regions **face challenges in moving into Georgetown and other coastal areas.**⁵⁶⁹ Venezuelans forced to stay in border regions have limited livelihood and shelter options, and often feel compelled to resort to survival sex or the use of narcotic substances.

RESPONSE STRATEGY

Humanitarian Transportation partners in Guyana will focus their response on guaranteeing safe and timely transportation for refugees and migrants from Venezuela with health and protection risks. Partners will:

- Advocate for the easing of movement restrictions within Guyana to prevent refugees and migrants from resorting to smuggling networks and reduce other protection risks.

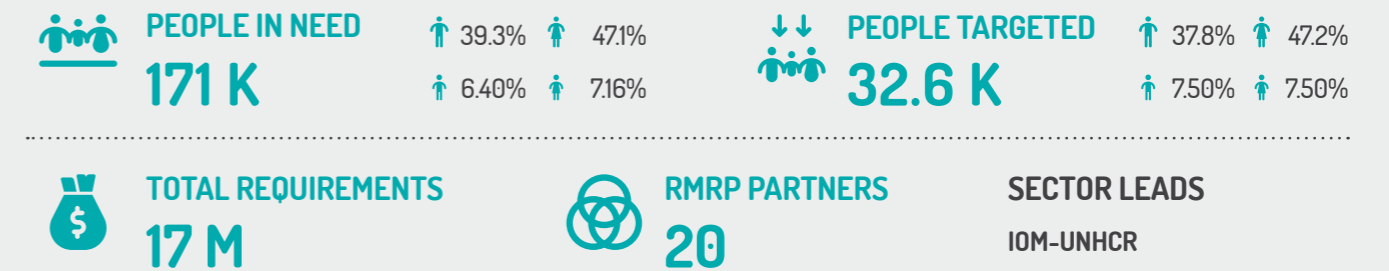
[566] IOM, Displacement Tracking Matrix (DTM) Guyana, 2019, 2020 and Feb 2021: <https://dtm.iom.int/guyana>.

[567] IOM-UNHCR-Guyana Country Chapter, August 2021. Internal Report.

[568] According to R4V partner reports, while not officially codified, this is the de facto policy enforced by national authorities.

[569] Based on Internal Assessments, focus group discussions (FGDs) with Venezuelan refugees and migrants, and Participatory Assessments, 2021.

INTEGRATION



PRIORITY NEEDS

In the context of the COVID-19 pandemic, strict prevention measures combined with absent protection frameworks and inadequate domestic legislation have reduced refugees' and migrants' ability to pursue integration opportunities.⁵⁷⁰ Barriers to achieving integration include inability to access social security and public services due to missing documentation, and the non-recognition of Venezuelan diplomas, for which there is no accreditation mechanism in any Caribbean country. At the same time, xenophobia, discrimination, and intolerance are steadily increasing⁵⁷¹ due in part to increased competition among refugees, migrants and host communities over limited economic opportunities.⁵⁷² Several countries have taken important steps towards expanding documentation and regularization for Venezuelans in 2021, including the Dominican Republic with a regularization process targeting 100,000 Venezuelans; Curaçao with an initiative to regularize certain eligible refugees and migrants; and Trinidad and

Tobago extending stay permits granted initially through a 2019 government-led registration.⁵⁷³

RESPONSE STRATEGY

Roughly 143,500 Venezuelans in the Caribbean are estimated to require integration support in 2022. The Sector will expand economic opportunities for refugees and migrants from Venezuela through entrepreneurship and labour inclusion, access to formal employment, recognition of diplomas, vocational and language training, social cohesion, awareness-raising campaigns and activities to reduce xenophobia.⁵⁷⁴ Key response elements include:

- Encouraging social and cultural cohesion, peaceful coexistence, sustainable development and preventing xenophobia, while strengthening institutional capacities to improve livelihoods.⁵⁷⁵ Working with host communities, integration activities will seek to address xenophobic sentiments and discrimination towards Venezuelans.

[570] R4V Caribbean, Integration Background Notes, May 2021: <https://www.r4v.info/en/document/integration-background-notes-caribbean>.

[571] OAS and R4V Regional Protection Sector, Impacts of COVID-19 on Refugees and Migrants from Venezuela, October 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

[572] International Labour Organization & United Nations Development Programme, Migration from Venezuela: Opportunities for Latin America and the Caribbean Regional socio-economic integration strategy, 2021: https://www.ilo.org/wcmsp5/groups/public/-americas/-ro-lima/documents/publication/wcms_775183.pdf

[573] R4V Caribbean, RMRP 2021 Mid-Year Report, August 2021: <https://www.r4v.info/en/document/caribbean-rmrp-2021-mid-year-report>

[574] R4V Caribbean, Integration Background Notes, 2021: <https://www.r4v.info/en/document/integration-background-notes-caribbean>

[575] Examples of strengthening institutional capacities to improve livelihoods include programmes where organizations set and achieve their own development objectives to assist refugees and migrants through planning and implementation of skills-training, language and entrepreneurship initiatives to support refugees and migrants. It also includes initiatives to connect employers with refugees and migrants.

- Advocating for legislative reforms that allow access to formal labour markets, public services, rights and documentation, including renewal of documentation and acceptance of expired documents.⁵⁷⁶ This will include capacity-building and support of/to key stakeholders.
- Strengthening of institutional capacity to improve livelihood options.

Sector partners will engage in capacity-support to government actors and the private sector, encompassing diversity, anti-discrimination, and inter-cultural training. Direct services and support to refugees and migrants from Venezuela will include English as a second language training; empowerment workshops focusing on integration-related issues like access to housing, health and education, and financial inclusion; and entrepreneurship programmes including job placement, vocational trainings, small business financing and CVA. CVA will support projects that facilitate the transition from a humanitarian to a social protection approach, funding business grants. Partners will also undertake anti-xenophobia community activities, including arts and culture, to promote social cohesion.

Together with the Education Sector, partners will engage in joint research and market studies, and establish intersectoral strategies and common advocacy messages to promote diploma and degree recognition and institutionalize skills training and recognition processes for refugees and migrants. Furthermore, livelihood options will be promoted for refugees and migrants from Venezuela with teaching and childcare experience within education programmes. Working with the Protection Sector, gender analysis with special emphasis on women's access to livelihoods will be prioritized to economically empower women and reduce GBV, xenophobia, labour exploitation, and TiP risks. Information on referral pathways, regularization, and integration will be disseminated. Finally, with the Health Sector, partners will promote the inclusion of refugees and migrants from Venezuela within the Caribbean healthcare systems.

RESPONSE STRATEGY

More than 1,000 persons in-need will be targeted for assistance by the Nutrition Section in 2022. Partners will focus on:

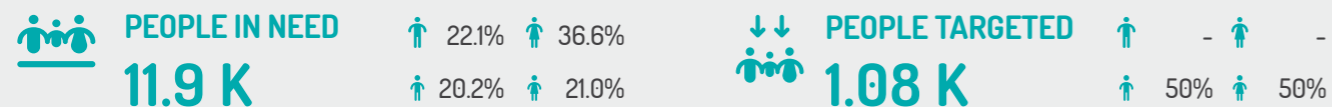
1. Preventing and responding to malnutrition by prioritising Integrated Young Child Feeding (IYCF) programmes and supporting emergency food assistance, through referrals of persons with identified nutritional deficiencies, and promoting good nutritional habits among refugees and migrants and host communities.
2. Detecting and preventing acute malnutrition, particularly in children and pregnant and lactating women, through nutrition surveys and nutrition assessment plans.
3. Providing counselling to refugees and migrants from Venezuela and sensitization to service providers regarding IYCF.

Nutrition Sector partners will conduct surveys on the nutritional status of children under five years old and pregnant and lactating women; provide treatment of acute malnutrition in refugee and migrant children through specialised programmes; and engage in counselling on Infant and Young Child Feeding. To better evaluate emerging nutritional needs, partners will conduct Nutritional Needs Assessments with refugees and migrants

from Venezuela and affected host communities. Acute malnutrition management protocols will be applied based on a simplified approach to manage acute malnutrition in children in primary care centres and in communities. Partners will also share educational material with refugees and migrants, with information on breastfeeding, introduction of complementary feeding, and food combinations, to improve the Venezuelan population's nutritional intake and cultural adaptation to local food availability. Finally, Sector partners will provide technical assistance and train service providers in nutritional counselling and monitoring at the field level.

Nutrition Sector partners will coordinate primarily with the Food Security Sector, but also the Health and Education Sectors, to identify individuals with acute nutritional needs and promote their access to emergency food assistance programmes. These Sectors will also coordinate to complement interventions on healthy nutritional habits, considering local context and cultural practices. School-feeding programmes will be promoted and expanded to reach refugee and migrant children where possible. When advocating for and supporting community-farming initiatives, partners will consult communities on their needs and interests and on crops and activities that are environmentally and culturally sensitive, nutritionally relevant, and economically integrated into existing supply chain needs and resources.

NUTRITION



PRIORITY NEEDS

Job losses, limited financial resources, school closures and generally precarious living conditions due to COVID-19 have exacerbated refugees' and migrants' needs, impacting their nutrition levels⁵⁷⁷ and increasing refugees' and migrants' risks of malnutrition.⁵²⁸ This is particularly true for children, who during home-schooling no longer have had access to school feeding programmes.⁵⁷⁹ In the Dominican Republic, Guyana and Trinidad and Tobago, further assessment on nutritional needs and gaps is needed to enable partners to provide food

assistance with adequate and context-related nutritional values. Meanwhile, malnutrition and waterborne diseases have reportedly increased among refugee and migrant families in Guyana, particularly among indigenous communities.⁵⁸⁰ In Trinidad and Tobago, amongst refugee and migrant children who make up approximately 22 per cent of the refugee and migrant population from Venezuela,⁵⁸¹ reduced quantity and quality of nutrition have been observed by R4V partners.⁵⁸² The availability of nutritional education for refugees and migrants from Venezuela is also limited throughout the sub-region.

[576] Based on findings from JNAs in August 2021 in Aruba, Curacao, the Dominican Republic, Guyana and Trinidad & Tobago. Internal Reports.

[577] According to a CARICOM survey, half of the respondents have faced a change in income, owing mainly to job loss or reduced revenue, and 73 per cent of respondents indicated that their ability to carry out their livelihoods was affected in the last two weeks. CARICOM/World Food Programme, Caribbean COVID-19 Food Security & Livelihoods Impact Survey Regional Summary Report Pa.04, April 2020: https://docs.wfp.org/api/documents/WFP-0000114475/download/?_ga=2.45837284.1749133943.1588015917.451205294.1585360228

[578] Caribbean R4V Situation Report, February 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-february-2021>

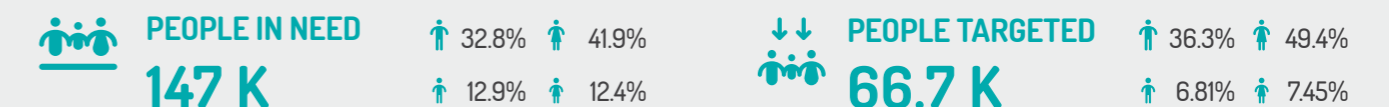
[579] Ibid.

[580] R4V partners' internal reports, Guyana, August 2021.

[581] UNHCR, Trinidad & Tobago Factsheet, June 2021: <https://www.r4v.info/en/document/unhcr-factsheet-trinidad-tobago-june-2021>.

[582] UNICEF, Impacts of COVID-19 on Migrant Children in Trinidad and Tobago, July 2020: <https://www.r4v.info/es/documents/details/78654>.

PROTECTION



PRIORITY NEEDS

Restrictions on access to territory, asylum procedures and limited regularization pathways are major challenges for refugees and migrants from Venezuela across the Caribbean. Ongoing border closures⁵⁸³ and entry restrictions for Venezuelans – including restrictions predating the COVID-19 pandemic, for example in Aruba and Curaçao – have been prompting irregular and dangerous movements by boat, which leave refugees and migrants at risk of disappearance or death at seas, as well as exploitation and abuse by traffickers and/or smugglers. Additionally, regular pushbacks, detention and deportation have been reported in Aruba, Curaçao, and Trinidad and Tobago.⁵⁸⁴

Government-led refugee status determination processes are severely overburdened in countries like Aruba and the Dominican Republic, limited in scope in Curaçao, and not present in Guyana. Access to regularization pathways for refugees and migrants from Venezuela on a broader scale is currently only available in the Dominican Republic and to a limited extent in Trinidad and Tobago and Curaçao. Guyana provides entry permits with an initial three-month stay permit to all Venezuelans entering the country. Clear and reliable information on available procedures and legal services is a recurrent challenge, especially for Venezuelans in detention, and for other groups such as indigenous persons who face language barriers. Consequently, significant numbers of Venezuelans remain in irregular situations (86 per cent of

[583] As of November 2021, borders in Aruba, Curaçao, Guyana, and Trinidad and Tobago are closed to Venezuela.

[584] R4V partner and press reports.

the estimated Venezuelan population in Dominican Republic, approximately 46 per cent in Trinidad and Tobago, and the majority in the other countries⁵⁸⁵) without access to basic services, rights, and social safety nets.

An ongoing regularization process in the Dominican Republic is expected to continue into 2022, through which an estimated 43,000 Venezuelans have accessed the first phase of registration and 4,400 have received visas toward finalization of a 1-year non-resident permit. Meanwhile, an exercise to extend the validity of stay permits previously issued to approximately 16,000 Venezuelans in Trinidad and Tobago remains limited to those who originally received such permits in 2019. The Government of Curaçao launched a “Responsible Integration” programme in early 2021, allowing some migrants who entered the country regularly before March 2020 to apply for a one-year residence permit with possibility to further apply for a longer-term work permit. However, high application costs, documentary requirements, and other conditions for approval mean that in practice, few Venezuelans qualify.

RESPONSE STRATEGY

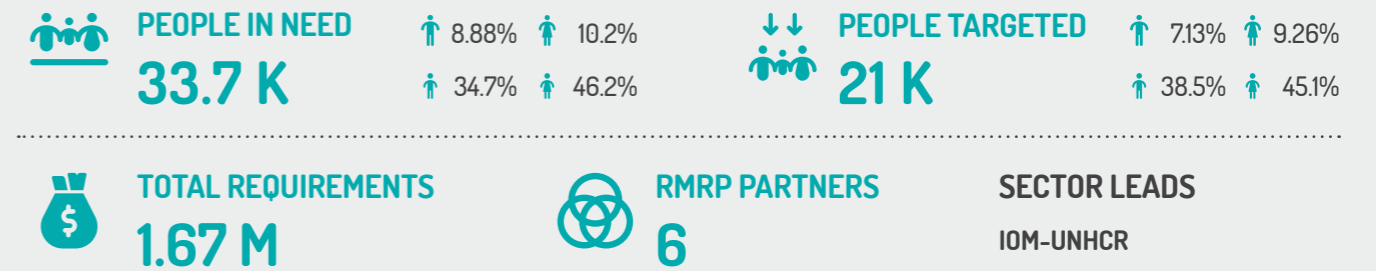
The Protection Sector will focus on the following priorities:

- Advocacy and direct support for the establishment of and access to regularization and asylum systems, as well as for access to territory and respect for human rights, including the principle of *non-refoulement*, due process for the consideration of immigration cases, and support to governments’ regularization processes.
- Prevention of detention, deportations and returns in unsafe conditions (including pushbacks) through advocacy, legal assistance, and strategic litigation. This will include the promotion of alternatives to immigration detention and advocating for access to detention centres for service providers and partners (including legal, health, psycho-social, and case management).
- Increasing coordination with governments and partners to identify at-risk individuals and persons with specific needs, including indigenous groups in Trinidad and Tobago and Guyana and persons at risk of evictions and sexual exploitation, for referral to appropriate services, case management and relevant assistance. This will seek to address violence and exploitation, through service delivery, information dissemination and direct assistance to meet basic needs and identify durable solutions for refugees and migrants from Venezuela.⁵⁸⁶

The Protection Sector will target refugees and migrants from Venezuela in irregular situations and persons with specific needs who lack access to essential and specialized services, and individuals most at risk of suffering human rights violations. Moreover, the regular provision of services by R4V partners related to mental healthcare will be amplified. In the Dominican Republic and Guyana, R4V partners will focus responses on areas with the highest concentrations of Venezuelans and remote regions like the Hinterland. In Guyana, special attention will also be paid to sex workers and indigenous refugee and migrant communities, to address specific protection risks faced by these groups in an age, gender and diversity-sensitive manner to support collective rights and permanence of cultural tradition during displacement. The response will comprise community-based protection activities, strengthened accountability to affected populations, advocacy interventions, technical assistance, policy development, and capacity-support for national authorities and community-based organizations. The response will be achieved through strategic litigation, mapping of available services, and community-based protection including disseminating information on rights and services (legal, psycho-social, others) to refugees and migrants. Where national services are unavailable, partners will provide direct, specialized services or assistance. Data collection, needs assessments, consultations with communities and protection monitoring will be conducted regularly.

Protection actors will closely coordinate with with the GBV, Child Protection, and Human Trafficking and Smuggling Sub-sectors and with Integration and Shelter Sectors to jointly mitigate the abovementioned risks while promoting social cohesion. They will support host governments to strengthen protection services where gaps have been identified. Refugees and migrants from Venezuela will be at the centre of the programming cycle, through ongoing accountability mechanisms, and feedback will be incorporated to adapt interventions.

CHILD PROTECTION



PRIORITY NEEDS

Refugee and migrant children from Venezuela are extremely vulnerable to different forms of violence, neglect and exploitation, such as physical, psychological, sexual and gender-based violence, child labour and trafficking. Undocumented, indigenous or unaccompanied and separated children (UASC) are at even higher risks, and need specialized, coordinated and timely child protection services as well as alternative care arrangements. Refugee and migrant children, who make up nearly 28 per cent of the refugee and migrant population in the sub-region,⁵⁸⁷ also need to be better integrated into public policies, and require assistance in mitigating barriers to accessing education, family reunification, and basic rights and services, which were exacerbated during the COVID-19 emergency.⁵⁸⁸

Child protection systems remain overburdened and language barriers persist. National⁵⁸⁹ and community-based child protection mechanisms are needed to identify, refer, respond, and monitor the protection needs of refugee and migrant children. Inaccessible or limited education systems, access to remote options, and the overall integration and well-being of children remain concerns in the sub-region, while the interruption of school feeding programmes was linked to increasing child malnutrition.⁵⁹⁰

In some cases, isolation at home and a lack of livelihood opportunities for parents and caregivers led to increased risks of abuse by family members, including violence and various forms of exploitation.⁵⁹¹ Difficulties in accessing documentation, through asylum or regularization procedures, are linked to increased risks of deportation and detention of children, and dangers of statelessness for children of Venezuelans born abroad in countries such as the Dominican Republic, where descendants of undocumented refugees and migrants are not entitled to Dominican nationality. To prevent statelessness,

these children need access to adequate registration and documentation services to confirm their Venezuelan nationality through *jus sanguinis*.⁵⁹² Safe community and family-based care arrangements for UASC remain limited.

RESPONSE STRATEGY

The Child Protection Sub-sector will focus on:

- Preventing violence, abuse, and exploitation by supporting the care and protection of UASC and child VoTs to ensure family reunification, family/community-based alternative care, referral to appropriate services like education and vocational training, social protection and MHPSS, that will be achieved through strengthening collaboration with government child protection authorities.
- Strengthening the capacity of national and community-based child protection systems to prevent, identify, respond to, and monitor all forms of violence, abuse, and exploitation. This will include strengthening child advocacy centres and child-friendly spaces to expand access to safe spaces and mitigate GBV and neglect, advocacy for birth registration and alternatives to detention, and, where needed, establish community-based child protection committees at local levels.
- Supporting children’s access to education, mental health and child guidance support, recreational programmes, and promoting the inclusion of refugees and migrants in host communities.

Partners will support and strengthen the capacity of Caribbean governments and will work with relevant child protection agencies to address child protection issues and assist vulnerable children and their families. Partners will provide training and capacity-building to community actors and map relevant services. Direct support will be provided to refugees and migrants, through specialized services, CVA for parents/

[587] 2022 RMRP projections.

[588] R4V Caribbean, Education, Protection, and Health Background Notes.

[589] National refers to “public,” i.e. provided by governments at the national level.

[590] Malnutrition and waterborne diseases have reportedly increased among vulnerable refugees and migrant families in remote areas, particularly among indigenous communities in Guyana.

[591] Country Chapters for the RMRP 2022 Planning Process for Trinidad and Tobago, Guyana, Aruba and Curaçao, August 2021. Internal reports.

[592] Countries such as Trinidad and Tobago have seen a notable increase in deportations and detentions of children with their families. Additionally, children born to Venezuelan parents in the Dominican Republic need to confirm their Venezuelan nationality acquired through *jus sanguinis* at the Venezuelan consulate, a challenge due to limited consular services. Similar challenges are faced in Aruba and Curaçao.

[585] R4V, Permit and Refugees and Migrants Statistics, 2021: <https://www.r4v.info/en/refugeeandmigrants> and <https://www.r4v.info/en/permits>.

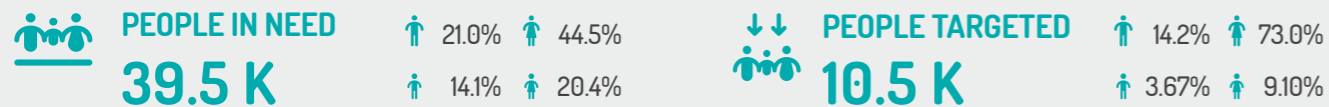
[586] See in this respect also an IOM study in the framework of the R4V Sub-regional Protection Sector on the “Protection situation of Venezuelan refugees and migrants in the Caribbean,” publication forthcoming.

caretakers, in-kind assistance, community-led recreational and educational activities, awareness-raising initiatives and communication with communities on child-friendly materials and methodologies.

The Sub-sector will coordinate with the Integration, Education, Food Security, Nutrition, Health, and WASH Sectors to develop

inter-sectoral responses that place the best interests of the child at the core of all activities. The Sub-sector will collaborate with these Sectors on respective activities to be carried out in schools and child-friendly spaces, including school feeding, nutritional assessments, immunization, and medical check-ups to enhance preventative medicine and MHPSS for healthy child development.

GENDER-BASED VIOLENCE (GBV)



PRIORITY NEEDS

Refugees and migrants from Venezuela face heightened risks of GBV during their movements and in host countries.⁵⁹³ Prevailing gender roles and negative perceptions towards Venezuelans in the Caribbean result in xenophobia, sexual harassment, and denigrating comments, more commonly directed at women, girls and LGBTQI+ persons.⁵⁹⁴ Venezuelan women and girls in particular may be incorrectly perceived as sex workers due to negative stereotypes, while sex work is practiced particularly by refugees and migrants from Venezuela without regular income-generating prospects, which can in turn expose them to situations of GBV. Incidences of GBV increased due to loss of livelihoods and lockdowns associated with the COVID-19 pandemic,⁵⁹⁵ as evidenced by the Trinidad and Tobago hotline data⁵⁹⁶ and media reports.⁵⁹⁷

The relationship between economic insecurity and GBV is complex. Some women and girls feel compelled to engage in relationships with local men as a means of regularizing their status and for financial support. Some move to remote areas including mining areas in Guyana where the cost of living is

more affordable and, where sex work, although risky,⁵⁹⁸ is one of the main income-generating activities available for women. In such cases, unequal power dynamics leave women and girls more at risk of GBV⁵⁹⁹ and less able to access support.⁶⁰⁰ Access to services for refugee and migrant survivors of GBV is stymied by language barriers. Additionally, many are unaware of their rights, and mistrust the authorities.

RESPONSE STRATEGY

The GBV Sub-sector will focus on the following priorities:

- Strengthening multisectoral prevention strategies, community-based activities and other awareness-raising initiatives to transform norms and reduce the socio-cultural tolerance of GBV.
- Reinforcing capacities of GBV service providers and first responders and advocating for access for Venezuelans, in addition to providing quality essential services for GBV survivors, case management, safe shelter, MHPSS, CVA, legal assistance, and medical services, to complement local capacity. Partners will also prioritize integration and

reintegration planning for GBV survivors.

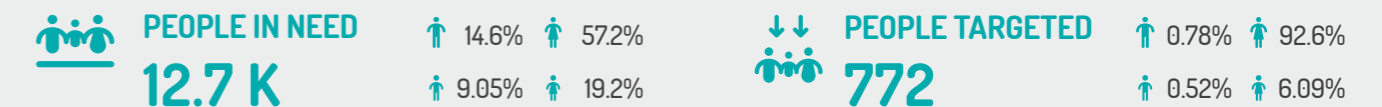
- Improving coordination between GBV service providers and public services, as well as evidence-based prevention and response efforts, including through joint needs assessments, data collection, and the development and/or strengthening of referral pathways.

Partners will support Governments' capacities to deliver timely, quality, well-coordinated multi-sectoral essential services⁶⁰¹ through resources and technical support. These include SRH, case management, MHPSS, legal services and access to justice, emergency shelters and safe spaces adapted to the COVID-19 context. Advocacy, training and sensitization of all response actors will be critical to mitigate, prevent and respond

to GBV. Partners engage through community-based initiatives and will provide individual case management and direct support through CVA for emergency shelter and immediate needs of GBV survivors and persons at risk of GBV.

Partners will align GBV prevention and response efforts with the Human Trafficking and Smuggling Sub-sector, for cases where TiP takes place for the purpose of sexual exploitation.⁶⁰² Support will be provided to survivors of GBV through intersectoral collaboration with the Shelter, Food Security, WASH, and Health Sectors as part of integrated case management services to respond to identified needs.

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

Refugees and migrants from Venezuela are particularly vulnerable to TiP and the risks involved with smuggling in the Caribbean, particularly due to lack of regular entry pathways to the countries, reduced economic opportunities, and well-organized trafficking and smuggling networks⁶⁰³ in the sub-region.⁶⁰⁴ Unprecedented travel and entry restrictions, also due to COVID-19, have led refugees and migrants to resort to alternative, dangerous routes to avoid detection. These routes and the means of transportation are controlled by traffickers and smugglers, significantly increasing the risks of abuse, exploitation, and deaths.⁶⁰⁵

Online recruitment by transnational trafficking and smuggling

networks via digital media are key protection concerns in the Caribbean.⁶⁰⁶ After arriving to host countries, Venezuelans – particularly women and adolescent girls – find that job offers turn into sexual exploitation or forced labour and servitude.⁶⁰⁷ Trafficked persons are coerced to work by use of violence or intimidation, or by more subtle means like accumulated debt or debt bondage, retention of identity papers, limited movement, threats of alerting immigration authorities, and threats against the lives of family members in Venezuela. The risk of deportation and distrust in law enforcement also discourages victims from participating in criminal investigations.⁶⁰⁸

Greater demands on national protection systems emphasize needs for solutions to provide comprehensive support for VoTs. Other gaps are notable in areas of prevention, protection, and prosecution mechanisms for human trafficking

[593] Williams, K; Rampersad, R.; Parasram Mano, Nurse-Carrington, *A Characterization of Venezuelan Female Migrants and Refugees in Guyana and Trinidad & Tobago*, September 2020.

[594] UN Women, The Caribbean Women Count: 2016-2019 report indicates that one in every two women will experience intimate partner violence in their lifetime, and that 38 per cent have experienced physical and/or sexual violence in Guyana, and 44 per cent in Trinidad and Tobago: <https://caribbeanwomenscount.unwomen.org/index.html>

[595] WHO, COVID-19 and Violence Against Women: What the Health Sector Can Do, March 2020: <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf?ua=1>

[596] R4V Caribbean, Situation Report, June 2021: <https://www.r4v.info/en/document/r4v-situation-report-caribbean-june-2021>

[597] Trinidad & Tobago Minister of Social Development and Family Services, Statement on Incidence of Violent Crimes Against Women and Girls, April 2021: <http://www.social.gov.tt/wp-content/uploads/2021/04/Statement-on-Violent-Crimes-Against-Women-and-Girls-April-27th-2021.pdf>. Loop News, Venezuelan woman killed in St James, suspect held, October 2020: <https://tt.loopnews.com/content/venezuelan-woman-killed-st-james-suspect-held>

[598] R4V Inter-Agency Rapid Gender-Based Violence Assessment Report in Guyana, March 2019: <https://www.r4v.info/sites/default/files/2021-06/IA%20Rapid%20GBV%20Assessment%20Report%20-%20Guyana%20-%20March%202019%20%5BEN%5D.pdf>

[599] UN Women, The Shadow Pandemic: Violence against women and girls and COVID-19, 6 April 2020: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

[600] UNICEF, Child Protection Learning Brief #1, August 2020: <https://www.unicef.org/media/76916/file/Gender-Based-Violence-in-Emergencies-CP-Learning-Brief-Aug-2020.p>

[601] Essential services are a package of services to be provided to all women and girls who have experienced GBV, including services that should be provided by the health, social services, police and justice sectors. UNFPA, Essential Services Package for Women and Girls Subject to Violence, 2015: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

[602] See hereto: <https://www.connectas.org/especiales/esclavas-sexuales-venezolanas/en/>

[603] Scuggs, G., Venezuelans Survive by Smuggling Over the Waves to Trinidad, Thomson Reuters, 2018: <https://www.reuters.com/article/us-trinidadtobago-venezuela-crime-idUSKBN1JG1LU>; Chaitram, S. Global Americans- Tragedies at Sea: Venezuelan Migrants Continue to Flock to Trinidad and Tobago Despite Border Closures, 2021: <https://theglobalamericans.org/2021/04/tragedies-at-sea-venezuelan-migrants-continue-to-flock-to-trinidad-and-tobago-despite-border-closure/>

[604] R4V Caribbean, Trafficking in Persons Background Notes, 2021: <https://www.r4v.info/en/document/trafficking-persons-background-notes-caribbean>

[605] Ibid.

[606] Ibid. See also R4V Caribbean, Curaçao Participatory Assessment, 2020. Internal report.

[607] U.S. Department of State, Trafficking in Persons (TiP) Report, June 2020: <https://bb.usembassy.gov/state-department-releases-2020-trafficking-in-persons-report/>; Arrests made in human trafficking investigation of Maxim Bar, 24ora.com, June 2021: <https://24ora.com/tin-hasta-detencion-investigacion-na-maxim-bar-relaciona-cu-trafficacion-di-hende/%20%20>; Núñez, M. and Smolansky C., Venezuelan Sex Slaves: A Booming Industry in Trinidad and Tobago, 2021: <https://www.connectas.org/especiales/esclavas-sexuales-venezolanas/en/>

[608] R4V Caribbean, Aruba Participatory Assessment, 2020. Internal report.

and smuggling.⁶⁰⁹ For example, the Trinidad and Tobago government reported arresting and prosecuting only two alleged sex traffickers in 2020 while only one conviction was reported in Guyana in early 2021. The Dominican Republic authorities initiated prosecutions of 42 defendants in 2020 (36 for sex trafficking and six for labour trafficking).⁶¹⁰

RESPONSE STRATEGY

The Human Trafficking and Smuggling Sub-sector will focus on the following priorities:

- Improving case management practices, promoting a survivor-centred approach and strengthening capacity of government and community-based organizations to adequately identify, respond and support VoTs and those having experienced violence, abuse and exploitation in connection with smuggling, including by enhancing coordination, communication, and timely response among institutions and organizations providing support to refugees and migrants. This includes ensuring that victims can access interpretation services and legal representation throughout the prosecution process.
- Ensuring VoTs, as well as victims of exploitation, abuse and violence, can access proper documentation through various legal avenues (depending on the host country), as many are at risk of detention and deportation. This will allow them to access employment, support for shelter, healthcare, MHPSS and specialized services, and will be done in close coordination with the relevant authorities.
- Countering the smuggling of refugee and migrants through targeted information campaigns on the risks of smuggling, capacity-strengthening for improved investigation as a priority, and promotion of information exchange and investigation mechanisms among Caribbean countries for the prevention and effective prosecution of smuggling by land, air, and sea. This will be complemented by sub-

regional cooperation to combat smuggling and dismantle existing transnational organized crime networks, including cross-border prosecution. The Sub-sector will ensure that identification tools and referral pathways extend to smuggled refugees and migrants who have been subjected to abuse, violence and/or extortion at the hands of smugglers.

Direct service provision, in-kind and through CVA, will be provided for emergency assistance to cover basic needs, including temporary accommodation, food, NFIs, MHPSS, reintegration plans focused on livelihoods and income-generating activities, empowerment trainings, and support with family reunification procedures. Community-based activities on awareness and prevention will be implemented. Partners will also engage in capacity-building, advocacy and technical support with relevant authorities on trafficking and smuggling. These will be complemented with culturally sensitive and survivor-centred programming based on international best practices to reduce re-victimization. To counter smuggling, the Sub-sector will raise awareness on the risks of smuggling through communication with communities (CwC) while capacity-building with relevant authorities on combatting human trafficking and smuggling.

Key strategic interventions will be carried out in coordination with the Protection Sector and the Child Protection and GBV Sub-sectors to develop a response that keeps the best interest of survivors at its core. Regarding protection, the Sub-sector will ensure that identification tools and referral pathways extend to refugees and migrants who have been subjected to abuse, violence and/or extortion at the hands of traffickers or smugglers. Coordination with the Food Security, Nutrition, Shelter and Health Sectors will be pursued to ensure that VoTs have access to basic survival items and services.

SHELTER



PEOPLE IN NEED

65.7 K

↑ 30.5% ↓ 39.8%

↑ 15.3% ↓ 14.3%



PEOPLE TARGETED

9.85 K

↑ 33.6% ↓ 40.4%

↑ 11.7% ↓ 14.3%



TOTAL REQUIREMENTS

5.37 M



RMRP PARTNERS

8

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Refugees and migrants from Venezuela face challenges in securing safe and adequate housing in the Caribbean sub-region, due to rising rental costs, tenancy requirements, lacking financial resources, documentation, and limited accountability mechanisms for landlords. Economic contraction experienced in the five Caribbean countries due to the pandemic left large numbers refugees and migrants jobless and unable to find work even as restrictions have been gradually lifted.⁶¹¹ Many were thus unable to meet rental obligations: in a regional survey on evictions, 87 per cent of Venezuelan refugees and migrants reported risk for eviction due to inability to pay rent.⁶¹² Venezuelans often live in overcrowded conditions, with limited protections for tenants' rights, especially where rents are beyond the earning capacity, rental values are not regulated and where contracts are not binding. This heightens protection risks for children, and inadequate safety in shared sanitary facilities in accommodations can lead to exposure to COVID-19 and to risks of GBV.⁶¹³ Needs include affordable, dignified shelter options, tenure security, eviction prevention, and culturally adequate housing, particularly for indigenous communities.

Venezuelans often do not qualify for public sector housing assistance, except in Guyana. Furthermore, there are limited adequate shelter options for specific vulnerable populations (such as UASC, women-headed households, the elderly and the LGBTQI+ community)⁶¹⁴ and these are often inadequately resourced. Medium and long-term shelter options are limited in sub-regional countries, particularly access to safe and dignified shelter, while vector-borne diseases and COVID-19 transmission remain concerning amid unsanitary conditions.

RESPONSE STRATEGY

In 2022, the Shelter Sector's response priorities in the Caribbean will include:

- Enhancing engagement with landlords, including screening and sensitization on protection considerations and on rights of refugees and migrants; establishing referral pathways that respond to protection risks; providing tenancy rights training to refugees and migrants; increasing tenure security and analysis and monitoring of rental markets through rental oversight boards.
- Expanding shelter options and CVA for rent to prevent evictions and increase access to safe and dignified shelter for refugees and migrants from Venezuela. Partners will advocate with authorities to develop joint shelter strategies, including the identification of safe spaces to repair and use as individual shelters and/or collective centres, with access to adequate WASH services and facilities.
- Disseminating information to refugees and migrants from Venezuela on strategies to prevent the spread of COVID-19 in the various shelter options, and on mental health and psychosocial support (MHPSS).

The Caribbean shelter response will be structured around providing emergency shelter support, increasing knowledge of tenancy rights, and mitigation of evictions. Priority will be given to individuals in irregular situations, at risk of detention, refoulement, GBV, TiP, abuse and/or exploitation, and the above-referenced vulnerable groups. To address short-term needs, partners will provide emergency, short and medium-term shelter support to refugees and migrants, primarily through CVA for rental subsidies and household items. Longer-term needs will be addressed through legal counselling and assistance related to evictions. Partners will further disseminate information to mitigate the spread of COVID-19 in the various shelter solutions.

The Shelter Sector strategy includes coordination with the WASH Sector to ensure adequate sanitation by improving infrastructure, ensuring availability of hygiene resources and potable water supplies in shelters, and with the Integration, Health and Protection Sectors to provide case management,

[609] See Caribbean R4V Trafficking in Persons Background Note, June 2021: <https://www.r4v.info/sites/default/files/2021-08/TiP%20Background%20Notes%202021%20-%20June%20revision.pdf>

[610] U.S. Department of State, Trafficking in Persons (TiP) Report, June 2021: <https://www.state.gov/reports/2021-trafficking-in-persons-report/>. Curaçao closed a case on 3 November 2021, where the accused who allegedly housed five women through coercion and violence forcing them to perform prostitution work, was acquitted, since the allegations were not substantiated. Two cases, ongoing since 2020, have gone to high court appeals in 2021.

[611] IOM, Protection Study, 2021; Aruba BNA, 2021; and the Migration Governance Needs Assessments, 2021.

[612] R4V Protection Sector, Regional Survey on Evictions of Refugees and Migrants from Venezuela, February 2021: <https://www.r4v.info/en/document/regional-survey-evictions-refugees-and-migrants-venezuela-0>

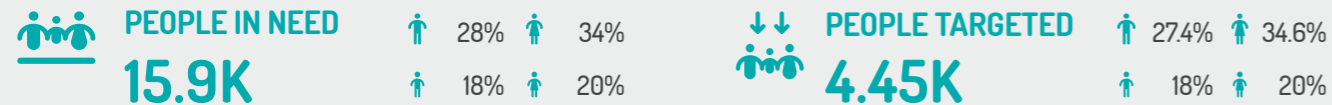
[613] Government of the Republic of Trinidad and Tobago and UN Women, Gender-Based Violence in Trinidad and Tobago: A Qualitative Study, 2018: <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.undp.org/content/dam/unct/caribbean/docs/20181011%2520AF%2520Trinidad%2520and%2520Tobago%2520Health%2520for%2520digital.pdf&ved=2ahUKewjgrWk6PzAhUztjEKHYWWAYSQFnoECAQQAQ&usq=AQvVaw1LiMR9L5ID3wP7BYEXPjUw>

[614] R4V Caribbean, country chapters based on Internal Assessments, focus group discussions (FGDs) with Venezuelan refugees and migrants, and Participatory Assessments, 2021. Internal reports.

MHPSS, CVA, household items and hygiene kits, while also integrating livelihood activities to avoid creating dependencies. Inter-sectoral data collection and field assessments will also

be conducted to maintain updated information on shelter and related needs of refugees and migrants from Venezuela and affected host communities.

WASH



SECTOR LEADS
IOM-UNHCR

PRIORITY NEEDS

Although WASH facilities are generally available in most sub-regional countries, many refugees and migrants from Venezuela live in overcrowded conditions and remote or border regions. In particular, indigenous communities in Guyana and residents of remote coastal areas of Trinidad and Tobago have limited access to clean/potable water supplies, plumbing, handwashing and sanitation facilities. Harsher dry seasons leave communities in Guyana's Region 1 with insufficient potable water, affecting host communities and indigenous Warao Venezuelan refugees and migrants who have settled there. Moreover, refugees and migrants from Venezuela lack access to information on hygiene promotion in Spanish, and tailored to their specific cultural needs and practices, including of indigenous peoples. This is coupled with inaccessibility of hygiene items, including for menstrual hygiene, largely due to cost restraints, which limits refugees' and migrants' ability to manage their health, including in the context of COVID-19 and vector-borne diseases.

RESPONSE STRATEGY

The RMRP 2022 response to WASH needs will target refugees and migrants and host communities, particularly in shared public spaces and facilities such as schools, health centres and transit points. Priorities will include:

- Increasing access to potable water for refugees and migrants and host communities, through the provision of water supply, water storage and treatment supplies in areas where refugees and migrants live, in schools and other public areas.
- Preventing the spread of COVID-19 and other infectious diseases through the provision of WASH and Infection and Prevention Control (IPC) supplies in host communities, at household levels, at public facilities including schools and health centres, and at entry points and border communities, in

coordination with national authorities such as the Ministries of Public Health, Immigration Departments and other local authorities.

- Supporting a safe back-to-school environment in the COVID-19 pandemic context by developing protocols to aid the return to in-person classes, in a safe and planned manner, including by promoting access to adequate WASH facilities in educational facilities. R4V partners will also provide personal protective equipment (PPE), WASH and IPC supplies for education and frontline health facilities.

In all sub-regional countries, a mixed modality between in-kind distribution of NFIs, including cleaning products and sanitation items, and CVA will be used to respond to immediate WASH needs, particularly in remote areas and among indigenous communities. R4V partners will continue supporting governments, including through partnerships with local authorities and agencies to increase capacities in service provision and guarantee access to WASH in communities hosting refugees and migrants from Venezuela, with a special emphasis on border communities and official and unofficial entry points. An example of such collaboration was the purchase of a water boat by a Guyana R4V partner which is used by the national water provider to supply fresh water during the dry season.

In conjunction with the Education and Health Sectors, partners will disseminate WASH IPC materials for schools, and WASH training and hygiene promotion materials, including messaging through social media that enables feedback and interactive discourse with health and water service providers. Furthermore, WASH partners will implement a coordinated and integrated response with the Education and Health Sectors to promote safe school and environment protocols that allow for the safe return to classes. Additionally, information on COVID-19 safety measures will be distributed to prevent and mitigate its spread among the population, while partners will engage with government authorities to continue improving public handwashing and sanitation facilities.⁶¹⁵

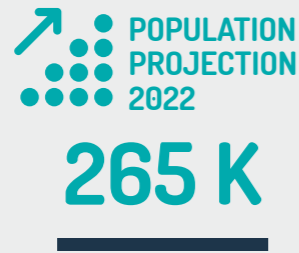
[615] IOM supports the Trinidad and Tobago Airports Authority's capacity-building efforts to mitigate transmission risks of COVID-19, January 2021: <https://www.iom.int/news/iom-supports-trinidad-and-tobago-airports-authority-capacity-building-efforts-mitigate-transmission-risks-covid-19>.




CENTRAL AMERICA & MEXICO

CENTRAL AMERICA & MEXICO

AT A GLANCE



VENEZUELAN IN DESTINATION

250 K

149 K

50.5 K

HOST COMMUNITY

-

16.4 K

681

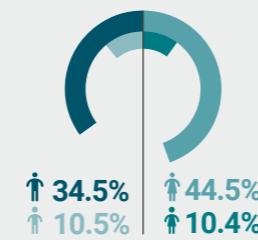
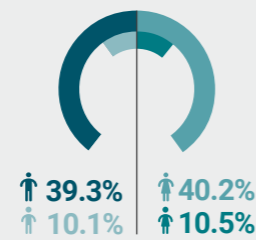
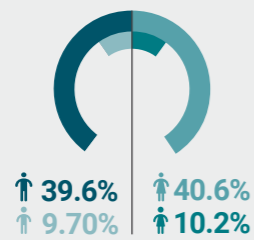
IN TRANSIT*

14.9 K

9.53 K

4.47 K

GENDER DISAGGREGATION



TOTAL REQUIREMENTS
\$24.1 M

RMRP PARTNERS
6





* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED




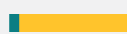



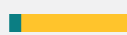







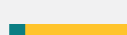












COUNTRY	POPULATION PROJECTION	PEOPLE IN NEED	PEOPLE TARGETED	BUDGET
Mexico	91.4 K	56.0 K	23.2 K	\$6.15 M
Panama	128 K	93.9 K	21.3 K	\$8.52 M
Costa Rica	31.1 K	25.1 K	11.1 K	\$9.41 M

NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	 International NGOs	 National NGOs / CSOs [‡]	 Others ^{‡‡}	 UN Agencies
Financial requirements	11.3%	-	-	88.7%
Organizations	3	-	-	3

[‡]Civil Society Organizations.
^{‡‡} Others include the Red Cross Movement, academia and faith based organizations.
 The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)*	Targeted In need	People targeted*	Financial requirements (USD)	Partners
 Education	21.4 K		1.72 K	867 K	3
 Food Security	145 K		8.05 K	1.22 M	3
 Health	117 K		11.2 K	2.35 M	3
 Humanitarian Transportation	1.55 K		500	45.0 K	1
 Integration	138 K		14.0 K	6.79 M	6
 Nutrition	17.1 K		-	-	-
 Protection**	154 K		19.4 K	7.01 M	6
 Child Protection	11.1 K		760	206 K	3
 Gender-Based Violence (GBV)	45.2 K		1.07 K	656 K	4
 Human Trafficking & Smuggling	36.4 K		-	85.0 K	2
 Shelter	100 K		6.20 K	1.45 M	4
 WASH	91.5 K		7.70 K	358 K	3
 Multipurpose Cash Assistance	-	-	3.92 K	2.24 M	3
 Common Services***	-	-	-	803 K	3

* Refugees and migrants in-transit are included in the national totals.

** This includes Support Spaces

*** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



The three countries of the sub-region (Panama, Costa Rica and Mexico) have long been destination as well as transit countries for Venezuelans. However, until recently most arrivals of Venezuelans to these countries had been by air and through official points of entry. Starting in mid-2021, a significant increase in land movements of refugees and migrants from Venezuela were observed through Central America and Mexico. From January to October 2021, almost 2,000 refugees and migrants from Venezuela crossed the dangerous jungle route through the Darien Gap into Panama from Colombia,⁶¹⁶ and there were over 10,000 encounters of Venezuelans attempting to enter the United States through the land border with Mexico just in the month of September 2021.⁶¹⁷ By October 2021, there were an estimated 234,500 Venezuelan refugees and migrants in the sub-region, expected to reach 265,000 by December 2022.⁶¹⁸

Border closures and the economic impact of the COVID-19 pandemic have contributed to a notable increase in irregularity, with refugees and migrants from Venezuela in the sub-region exposed to increasing risks such as assaults, robbery, violence (including GBV), smuggling and human trafficking. The COVID-19 pandemic has also caused suspensions and delays in asylum and migratory regularization processes, and limited opportunities for socio-economic integration.

In Panama, the slow socio-economic reopening and recovery after lockdowns and mobility restrictions to mitigate COVID-19 have severely impacted refugees and migrants from Venezuela throughout 2021, resulting in loss of livelihoods, restricted access to healthcare and limited ability to meet basic needs.⁶¹⁹ For example, 75 per cent of refugees and migrants from Venezuela in Panama surveyed by an R4V partner reported having been forced to reduce the quantity or quality of food consumed in the household in 2021.⁶²⁰ By the second quarter

[616] National Migration Service, Government of Panama, Chart No. 003: Irregular Transit of Foreigners through the Colombian Border in Order of Country of Origin, Year 2021: https://www.migracion.gob.pa/images/img2021/pdf/IRREGULARES_POR_DARIEN_OCTUBRE_2021.pdf

[617] U.S. Customs and Border Protection (CBP), Encounters by Fiscal Year (searchable database by nationality, border and timeframe): <https://www.cbp.gov/newsroom/stats/nationwide-encounters>. There were 10,939 monthly "encounters" with Venezuelan nationals attempting to enter the U.S. by land through the border with Mexico in September 2021, almost 90 times the 125 such "encounters" reported one year earlier in September 2020. Note that the number of encounters does not equal the number of individuals, as the same person may attempt to cross multiple times in a given month and would be counted each time they are encountered by CBP.

[618] Source: <https://www.r4v.info/en/refugeeandmigrants>

[619] From April to July 2021, UNHCR carried out telephone interviews with 366 refugee and migrant households from Venezuela in Panama, representing a total of 956 people. UNHCR, High Frequency Survey (hereafter HFS), Panama, April-July 2021: <https://www.acnur.org/es/noticias/press/2021/10/61605c3b4/estudio-de-acnur-revela-que-refugiados-en-panama-enfrentan-dificultades.html>

[620] Ibid.

of 2021, a gradual and sustained socio-economic reopening had begun, promoting national reactivation and recovery. However, with limited access to income-generating activities, many refugees and migrants from Venezuela who work in the informal labour market – which has been severely debilitated by the COVID-19 pandemic – found themselves in situations of heightened vulnerability and increased food insecurity. In this context, refugees and migrants from Venezuela identified regularization and access to documentation as priority needs, which would allow wider and more stable access to livelihoods and income-generation, and the ability to independently meet basic needs.⁶²¹

In Costa Rica, the results of a Joint Needs Analysis based on surveys conducted by R4V partners with refugees and migrants from Venezuela⁶²² similarly attested to the acute impact of COVID-19 on Venezuelans' access to livelihoods and ability to afford essential goods, with 60 per cent of Venezuelans estimated to have been unemployed in 2021.⁶²³ Of those working, 42 per cent were employed in the informal sector.⁶²⁴ A reported 53 per cent of those surveyed had experienced problems with their landlords due to an inability to pay rents on time, and 47 per cent stated that they had more limited access to food than before the pandemic.⁶²⁵ Also of concern is a reported growing level of discrimination, and its impact on integration prospects: 19 per cent of Venezuelans surveyed indicated that they had experienced discrimination in Costa Rica, and 85 per cent of those who reported discrimination said it was because of their nationality.⁶²⁶

In Mexico, increased mixed movements comprising multiple nationalities traveling over land routes from the southern to the northern border, including refugees and migrants from Venezuela,⁶²⁷ have created an unprecedented strain on host communities, testing the capacities of migration authorities and the Mexican Commission for Refugee Assistance (COMAR). Interviews by R4V partners with refugees and migrants from Venezuela in-transit along the northern border of Mexico in 2021 reveal that many arrived as part of groups of secondary/onward movements, reporting that they decided to move from previous host countries motivated by tensions with host communities, xenophobia and diminished livelihood opportunities.⁶²⁸ According to the Joint Needs Assessments

conducted by R4V partners during September and October 2021,⁶²⁹ the main protection concerns identified included detention at points of entry, threats of deportation, difficulties filing asylum claims within the 30-day limit upon entry, complications in accessing family reunification procedures, and precarious livelihoods and socio-economic conditions. The most pressing needs identified during the focus group discussions coordinated as part of R4V partners' Joint Needs Assessments were linked to protection, integration and humanitarian assistance, particularly healthcare. Venezuelan interviewees identified the lack of access to documentation and having to turn to informal employment (often underpaid, subject to exploitation, and without social security) as main concerns. They also identified access to healthcare as a priority need, given the Venezuelan population's limited access to specialized health services, particularly during the COVID-19 pandemic.⁶³⁰

RESPONSE STRATEGY

Sub-Regional Planning Scenario

In 2022, arrivals of Venezuelans to the sub-region are anticipated to modestly increase, given the ongoing political, socio-economic and human rights situation in Venezuela and a lack of successful integration in other host countries, prompting increased northward secondary and/or onward movements by refugees and migrants from Venezuela.

Given the described context, the response strategy in Costa Rica, Mexico and Panama will focus on the provision of accurate information and legal assistance on access to the asylum process, regularization of migration status, access to rights and documentation. In addition to technical support provided to national responses, coordination among R4V partners and Sectors will be promoted to improve protection monitoring, outreach to refugees and migrants from Venezuela, and to ensure access to social protection services in host countries. Capacity-support to key stakeholders from the public and private sector to facilitate and improve access to and/or provide livelihood opportunities for refugees and migrants from Venezuela will be strengthened as a means to support inclusion and integration opportunities. Cash and

voucher-based assistance (CVA) will be increased to meet basic needs related to food and health, which are the primary identified needs. To further promote social cohesion and reduce xenophobia, social media campaigns will help to raise awareness of the situation of refugees and migrants from Venezuela.

In Panama, R4V partners will strengthen the response to humanitarian needs for the in-transit and the in-destination populations, improving reception infrastructure and providing access to food, healthcare, shelter, information and legal assistance and counselling. R4V partners will also actively identify and support opportunities for livelihoods and integration in the context of the country's socio-economic recovery. Meanwhile, the response for Venezuelans who intend to stay in Panama will focus on protection of vulnerable groups, shelter, water and sanitation, access to health, improved protection services to exercise rights and documentation, integration opportunities, and peaceful coexistence initiatives to combat xenophobia and discrimination.

In Costa Rica, an increase in new arrivals is expected for 2022, as mobility restrictions are gradually lifted and borders reopen. Primary concerns and areas of the response are related to strengthening the legal framework and mitigating the economic effects of the pandemic for refugees and migrants from Venezuela and affected host communities.

In Mexico, given the increasing number of Venezuelans in-transit by land, R4V partners will continue to support reception and access to territory for Venezuelans at airports and at the southern border with Guatemala and the northern border with the United States. In addition to advocacy and support for access to international protection procedures, regularization and documentation, R4V partners in Mexico will focus on support to integration and livelihoods by implementing CVA for food items, shelter and educational integration, medical and WASH supplies, and supporting capacity development in civil society.

Scope of the Response and Priorities

In 2022, the Sub-regional Platform will increase efforts to support enabling protection environments, promote the integration of refugees and migrants from Venezuela in host communities, ensure access to territory and documentation, and respond to specific protection risks (including GBV and child protection). Joint advocacy by R4V partners, effective coordination mechanisms and increased support to national services will be critical in all three countries to ensure that refugees and migrants from Venezuela have access to services, on equal terms with nationals. Activities for two-way communication and information-sharing with affected communities (CwC) are foreseen by the Health, Education and Protection Sectors. R4V partners will provide refugees and migrants from Venezuela with legal counselling and orientation services, and work to support the capacities of government counterparts, to ensure refugees and migrants from Venezuela have access to adequate protection services and procedures.

In Panama, planned interventions are focused on Panama City, San Miguelito, La Chorrera, and Arraiján, where most of the in-destination population of Venezuelans live,⁶³¹ in addition to Darién for refugees and migrants in-transit, while other activities – including government capacity-strengthening and information campaigns – have a nationwide scope.

In Costa Rica, RMRP activities will be primarily focused on San José's metropolitan area, where 85 per cent of Venezuelans live;⁶³² however, given the large number of Venezuelans in-transit, activities are also planned for the rest of the country.

In Mexico, R4V partners' response for the in-destination population will mainly focus on Mexico City, the states of Quintana Roo (Cancún, Playa del Carmen) and Nuevo León (Monterrey). The response will also extend to smaller communities of Venezuelans that have formed elsewhere, as well as the in-transit population along the southern and northern borders, including in the states of Querétaro, Aguascalientes, Puebla, Tabasco, Chiapas and Yucatán. Although Venezuelans in Mexico have traditionally demonstrated a higher level of education, transferable skills, and social support networks (as compared to refugees and migrants from other countries of origin) the response will prioritize vulnerable profiles of Venezuelans, especially those in-transit, with urgent humanitarian assistance needs.

Response Principles

In all three countries of the sub-region, consultations were held with refugees and migrants from Venezuela, the results of which have been used to design activities contained in the 2022 Response Plan. Regular consultations with refugees and migrants will be essential to ensure accountability to the affected population (AAP). Refugees and migrants from Venezuela will also have access to feedback and complaint mechanisms through in-person mechanisms, hotlines and dedicated emails and telephone lines, including to prevent and respond to sexual exploitation and abuse (SEA).

As per their responses to the GAM during the RMRP planning process, 73 per cent of partners in Costa Rica, Mexico and Panama plan to mainstream gender equality throughout their activities. Partners are committed to a differentiated approach based on age, gender, and diversity (AGD) to ensure that persons with particular protection needs are identified and have meaningful access to programmes, including women, children, people with disability, people with health conditions, the LGBTQI+ community and the elderly.

[621] R4V Panama, Joint Needs Assessment, September 2021. Publication forthcoming. The JNA included review of secondary sources as well as the results of consultations with specific population groups, such as women; girls and adolescents; the results of protection monitoring by R4V partners such as UNHCR; profiling of the refugee and migrant population in the context of Inclusive Cities, Communities in Solidarity, and the results of the UNHCR High Frequency Survey (HFS) Panama, 2021.

[622] R4V Costa Rica, Joint Needs Analysis, UNHCR Costa Rica and IOM Costa Rica, September 2021. The JNA included two surveys carried out by R4V partners with refugees and migrants from Venezuela in Costa Rica: the UNHCR High Frequency Survey (HFS), which analysed a total of 241 surveys completed by Venezuelan households in Costa Rica from July-August 2021 (hereafter UNHCR Costa Rica, HFS, 2021); and the IOM Displacement Tracking Matrix (DTM), which analysed the results from a total of 237 surveys of Venezuelan households in Costa Rica from May-June 2021 (hereafter IOM, DTM Costa Rica, 2021). Forthcoming.

[623] Ibid.

[624] Ibid.

[625] Ibid.

[626] Ibid.

[627] The Displacement Tracking Matrix (DTM) conducted by IOM in May and July of 2021 at the northern border of Mexico recorded an increasing number of Venezuelans (27% of the total sample, with 51 surveys applied to Venezuelans) transiting Mexico to reach the United States. (Hereafter IOM, DTM, Mexican Northern Border, 2021). Publication forthcoming.

[628] IOM, DTM, Mexican Northern Border, 2021. Publication forthcoming.

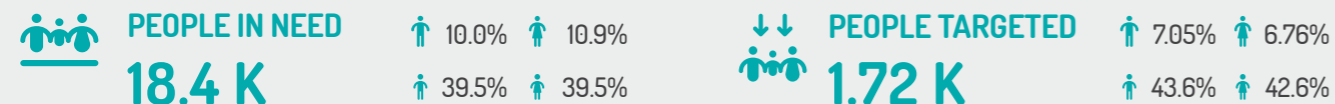
[629] R4V Mexico, Joint Needs Assessment Exercise, October 2021. R4V partners interviewed a total of 63 refugees and migrants from Venezuela (20 men and 43 women) as part of the JNA. The results were also based on the findings of two IOM surveys: the DTM, Mexican Northern Border, 2021 and the DTM, Mexico City, 2021. Publication forthcoming.

[630] R4V Mexico, JNA, October 2021. Publication forthcoming.

[631] UNHCR Panama, Protection Monitoring, interviewing 106 households of Venezuelan asylum-seekers or refugees in Panama representing 289 people, between 19 April – 30 July 2021 (hereafter UNHCR, Panama Protection Monitoring, 2021): <https://www.acnur.org/616093804.pdf>

[632] R4V Costa Rica, Joint Needs Analysis, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

EDUCATION



PRIORITY NEEDS

In all three countries of the sub-region, public education is free and open to enrolment for refugee and migrant children regardless of their situation in-country. However, barriers to accessing education persist, including a lack of information on school registration procedures, and financial limitations, as parents and/or legal guardians often cannot afford to buy school supplies, devices and internet data required for online education due to the COVID-19 pandemic.⁶³³ In Panama, 11 percent of Venezuelan households surveyed with school-age children indicated that their children were not enrolled in schools, with lack of documentation to meet registration requirements (33 per cent) and late enrolment (3 per cent) being the main reasons given for not enrolling children.⁶³⁴ Similarly, 11 per cent of Venezuelan children among households surveyed in the JNA in Costa Rica were not enrolled in an educational facility⁶³⁵ due to having arrived recently in the country (in 43 per cent of cases) and the expiration of the enrollment period (in 29 per cent of cases). In some cases, caregivers lack their children's previous school documentation, which impedes enrollment. Similar barriers exist in Mexico, where an R4V partner's survey with refugees and migrants from Venezuela in 2021 identified education as a priority need among households with school-age children, while adolescents and adults highlighted barriers associated with the validation of foreign academic degrees and professional certifications.⁶³⁶ In all three countries, Venezuelans who have completed their primary and secondary education abroad also face challenges related to the validation of their academic degrees to access qualified positions.

RESPONSE STRATEGY

Given the needs identified, in 2022 R4V partners in Costa Rica, Mexico and Panama will focus on the following response priorities:

For school-aged children, facilitate access to public education, expanding enrolment and reducing financial barriers for school attendance in both online and in-person modalities.

- For adults and adolescents with studies completed abroad, improve and support processes to validate foreign academic degrees and professional certifications.

Key modalities to achieve these goals will include direct assistance to refugees and migrants from Venezuela, in the form of information provided and accompanying families in the process of registering children in schools and navigating recertification procedures. R4V support will also include capacity-development with school administrators and public education officials on relevant rights of refugees and migrants from Venezuela and on applicable procedures. In-kind support in the form of school supplies (including data vouchers and tablets for online classes) as well as CVA will be provided to families to help cover education-related costs and fees associated with the validation of academic and professional certifications.

In Panama, refugee and migrant families will be provided with economic and psychosocial support to promote school permanence. R4V partners will advocate for the inclusion of Venezuelans in existing educational support, academic assistance and scholarship programmes, while supporting the Ministry of Education to promote access to education for all children. In Costa Rica, Education Sector partners will provide training to and work on information campaigns with officials of the Ministry of Education, focusing on refugee and migrant children's rights to education and on countering xenophobia. In Mexico, support for validation of studies will be provided in combination with livelihood activities, such as internships, skill certification, or technical training to facilitate insertion into the labour market.

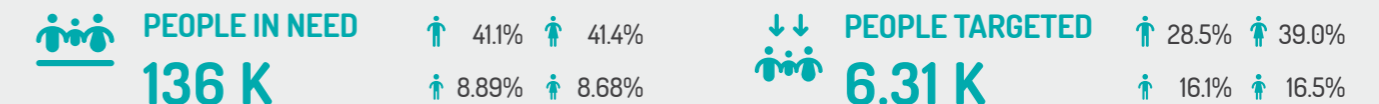
[633] 14.3 per cent of Venezuelan households in Costa Rica report a lack of resources for school uniforms and supplies as a reason for not enrolling children in schools. JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming. Also, although most Venezuelans in Costa Rica have smartphones, the devices are often shared with other household members, resulting in limited access to online education. UNHCR Costa Rica, HFS, 2020-2021. Publication forthcoming.

[634] Survey of Venezuelan asylum-seekers and refugees in Panama, UNHCR Panama Protection Monitoring, 2021: <https://www.acnur.org/616093804.pdf>

[635] All information in this paragraph on Costa Rica is from findings of the JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[636] IOM, DTM, Mexico City, 2021. A total of 77 surveys were applied to Venezuelans in May and July 2021. Publication forthcoming.

FOOD SECURITY



PRIORITY NEEDS

In Panama, Costa Rica and Mexico, food insecurity has risen among refugees and migrants from Venezuela because of COVID-19 and measures intended to prevent its spread, resulting in increased unemployment and loss of livelihoods. In Panama, R4V partners reported an increase in humanitarian assistance requests in 2021, mostly related to food security and shelter.⁶³⁷ In Costa Rica, the JNA found that 59.1 per cent of respondents consumed 2 or fewer meals per day, 7.7 per cent ate once or less daily, and 25 per cent of refugees and migrants have faced problems accessing food for all members of the household.⁶³⁸ In Mexico, according to an R4V partner's survey conducted in June 2021, the pandemic resulted in food insecurity being one of the main concerns of the Venezuelan population, both in terms of affordability and access to a balanced diet.⁶³⁹

RESPONSE STRATEGY

Food Security Sector partners in Costa Rica, Mexico and Panama will focus their response on addressing immediate and severe food insecurity for the most vulnerable population groups, including among refugees and migrants from Venezuela in-transit and in-destination, to ensure they receive sufficient quality and quantity of food and avoid malnutrition and other negative outcomes of food insecurity. The main modality of the response will be cash and voucher assistance (CVA) provided to enable vulnerable individuals and families to make their own food choices and purchases in the local market. Nevertheless, particularly in areas where market

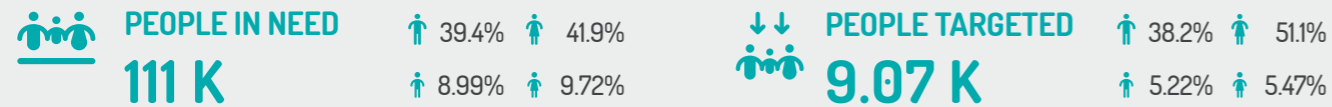
access may be limited, in-kind support will be provided (in the form of food baskets and prepared meals) including in Costa Rica. In addition, in coordination with the Integration Sector, in Panama and Costa Rica, grants will be provided to Venezuelan small businesses engaging in food/catering services, such as restaurants and food vendors, and corresponding vouchers will be provided to refugees and migrants to obtain food through these vendors. The key area of inter-sectoral collaboration for the response will be with the Integration Sector, to facilitate the joint activity noted above whereby Venezuelan small businesses providing food are strengthened and refugees and migrants in need of food assistance receive financial support in order to make discounted purchases from those vendors, to support livelihoods and labour insertion opportunities as the economy reopens. Coordination with regional Nutrition Sector experts will also be key to ensure that direct support for the groups most vulnerable to malnutrition are prioritized, especially, but not exclusively, children (particularly those under the age of five), pregnant and lactating women, and adolescents.

[637] R4V Panama, JNA, September 2021. Publication forthcoming. See also UNHCR Panama, HFS, 2021: <https://www.acnur.org/es/noticias/press/2021/10/61605c3b4/estudio-de-acnur-revela-que-refugiados-en-panama-enfrentan-dificultades.html>

[638] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[639] IOM, DTM, Mexico City, 2021. Publication forthcoming.

HEALTH



PRIORITY NEEDS

Although all three countries in the sub-region offer free basic health assistance, the implications of the COVID-19 pandemic on national health systems and the lack of documentation and financial resources create obstacles for refugees and migrants to access health services regardless of their situation in-country. In Panama all refugees and migrants, regardless of their situation in-country, have access to emergency and primary healthcare. In Costa Rica, refugees and migrant children and pregnant women, regardless of their situation, also have access to the national health system free of charges. In Mexico, basic healthcare is provided, but medical treatments and medication are not free of charge.

The COVID-19 pandemic and related impacts on public health systems demonstrate the importance of ensuring access to healthcare for refugees and migrants from Venezuela in the sub-region. In Costa Rica, an R4V Partner's survey found that 5 per cent of Venezuelans surveyed reported that they would not seek medical assistance even if needed, due to lack of health insurance (53.3 per cent) or economic resources (48.3 per cent).⁶⁴⁰ Also, 39 per cent of Venezuelan households have someone with a critical medical condition in their family, and 16.2 percent are without access to treatment. In Mexico, access to healthcare was likewise raised as a significant concern for refugees and migrants from Venezuela.⁶⁴¹ Although Venezuelans can access the public health system, public hospitals continue to be overwhelmed and refugees and migrants from Venezuela with chronic medical conditions face challenges affording treatments. Furthermore, public health facilities lack necessary medicines and medical supplies, requiring refugees and migrants to pay out-of-pocket for medicines. Given the ongoing COVID-19 pandemic, partners also identified the need to prevent refugees and migrants from Venezuela, as well as host communities, from COVID-19 contagion.

RESPONSE STRATEGY

The planned health response will focus on three priorities: providing direct health assistance to refugees and migrants, including preventive actions for COVID-19 contagion, such as delivery of PPEs and ensuring access to testing, and CVA for

[640] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[641] R4V Mexico, JNA, October 2021. Publication forthcoming.

health expenses; advocacy and capacity-building for refugee and migrant inclusion in national health systems, including by strengthening health systems through the donation of medical equipment and supplies; and providing relevant information on refugees and migrants' rights to health providers.

Based thereon, health and medical assistance will be provided directly to refugees and migrants from Venezuela, in the form of in-kind assistance as well as CVA.

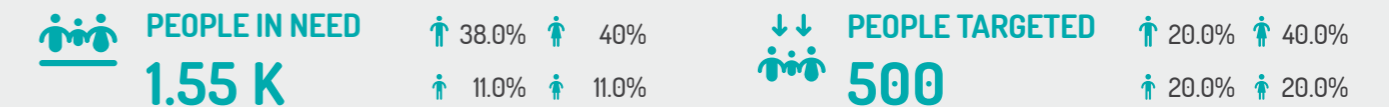
In Panama, ensuring access to healthcare and inclusion in prevention programmes under the same conditions as nationals will remain a priority, which will be addressed by training health actors on the rights of refugees and migrants to accessing the health system. R4V partners will also seek to strengthen the quality of medical assistance and provide support for the treatment of chronic diseases, giving priority to children and adolescents and the elderly, as well as MHPSS services. Additionally, vulnerable populations will benefit from improved access to healthcare through mobile brigades. Lastly, to tackle general well-being matters and support recovery from the pandemic, and considering the limitations in the national health sector, aggravated by the COVID-19 context, and the difficulties to conduct community visits, partners in Panama will strengthen the capacities of community promoters to provide information on vaccination, breastfeeding, nutrition and disease prevention to refugees and migrants, as well as to refer cases for medical attention.

In Costa Rica, basic laboratory tests will be performed at health fairs, as well as referrals to public services and in-kind distribution of medications for chronic illnesses. MHPSS programmes are also planned, and access to psychiatric support will be provided where required. Medical assistance will be strengthened for Venezuelans with limited access to national health insurance through coverage of medical insurance under an agreement between an R4V partner and Costa Rican Social Security. These activities will complement the sectoral responses provided by the Protection Sector and the GBV and Child Protection Sub-sectors, as vulnerable groups will be prioritized in the MHPSS programmes.

In Mexico, R4V partners will provide medical devices and orthopaedic equipment in-kind or through CVA, which is normally cost-prohibitive for Venezuelans. CVA will also cover the need for laboratory tests and purchase of medication, to help targeted refugees and migrants to cover these basic and

urgent needs for a duration of four months. COVID-19 tests with approved laboratories will be provided, while priority for medical assistance will be given to the most vulnerable profiles.

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

Movements of refugees and migrants from Venezuela in-transit through Central America and Mexico are expected to continue throughout 2022, having increased in the second semester of 2021. As many refugees and migrants from Venezuela lack the financial means to pay for safe transportation, the number of Venezuelans that resort to irregular and high-risk forms of travel, including smuggling, have increased, including in Costa Rica; these situations expose them to various protection risks such as GBV and human trafficking, thus exacerbating their already desperate situation.⁶⁴² According to an R4V partner's monitoring exercise of irregular movements and monitoring of mobility in border localities in the context of COVID-19, between May and August an estimated 10,752 Venezuelan persons with an irregular status transit through Costa Rica were recorded.⁶⁴³

RESPONSE STRATEGY

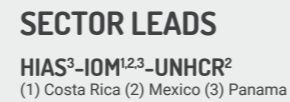
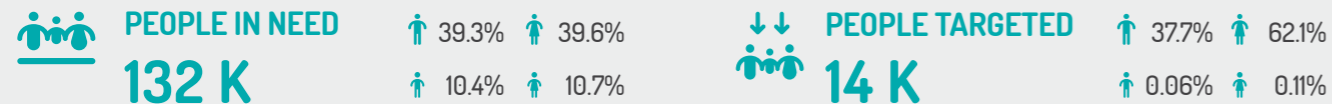
The Humanitarian Transportation Sector will focus its response in the sub-Region on Costa Rica. In Costa Rica, the intervention will focus on providing the most vulnerable refugees and migrants from Venezuela with internal transportation assistance, mainly to access Costa Rican migration offices when necessary to carry out migration procedures, and to places of temporary emergency shelter and to work. The main response modalities will include in-kind transport services and cash and voucher assistance (CVA) to support the costs of public transport services for vulnerable refugees and migrants from Venezuela living or in-transit through Costa Rica. The response modality will depend on the needs of the refugees

and migrants, including the size and age of the household, health and protection conditions. Concerning vulnerable cases, the Humanitarian Transportation Sector will coordinate with the Child Protection, GBV, and Human Trafficking and Smuggling Sub-Sectors to receive technical assistance and for referral pathways. Humanitarian transportation will be provided to those who live far from emergency temporary accommodations, and transportation to households will be considered part of the service provided to refugees and migrants who need assistance to pay their rent. In parallel, support will be provided to refugees and migrants from Venezuela who need to appear at immigration offices to carry out their regularization procedures and could otherwise not do so due to the distance and lack of financial means. In both scenarios, the Humanitarian Transportation Sector will coordinate with the Shelter and Protection Sectors. Humanitarian transportation will also be provided in conjunction with basic and personal hygiene kits, food kits and temporary shelter solutions based on vulnerability criteria, taking into account the number of household members, sources of income, access to food and to shelter.

[642] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming. See also IOM, DTM Costa Rica, May-June 2021. Línea base para la evaluación de flujos migratorios irregulares y seguimiento a la movilidad en localidades fronterizas bajo el contexto de la COVID-19: www.dtm.iom.int/costa-rica

[643] IOM, DTM Costa Rica, May 2021: <https://dtm.iom.int/reports/costa-rica-linea-base-para-la-evaluaci%C3%B3n-de-flujos-migratorios-y-presencia-de-migrantes-1>; IOM, DTM Costa Rica, June 2021: <https://dtm.iom.int/reports/costa-rica-linea-base-para-la-evaluaci%C3%B3n-de-flujos-migratorios-y-presencia-de-migrantes-2>; IOM, DTM Costa Rica, July 2021: <https://dtm.iom.int/reports/costa-rica-linea-base-para-la-evaluaci%C3%B3n-de-flujos-migratorios-y-presencia-de-migrantes-3>; IOM, DTM Costa Rica, August 2021: <https://dtm.iom.int/reports/costa-rica-linea-base-para-la-evaluaci%C3%B3n-de-flujos-migratorios-y-presencia-de-migrantes-4>.

INTEGRATION



PRIORITY NEEDS

Economies in the sub-region are suffering the effects of the COVID-19 pandemic, and many Venezuelans are experiencing increased socio-economic instability as a result. In Panama, an R4V partner's survey indicated that around 40 per cent of Venezuelans surveyed were working informally without a contract.⁶⁴⁴ The length and costs of migratory and asylum processes and lack of access to work permits for migrants and asylum-seekers not yet admitted to the procedure were also identified as factors limiting integration. In addition, negative stereotypes and incidents of xenophobia have been identified as obstacles to integration in all three countries.⁶⁴⁵

Unemployment and work in the informal sector are also linked to lack of documentation and the largely irregular situation of refugees and migrants from Venezuela. In Costa Rica, according to the JNA, 43 per cent of respondents with some form of legal status in the country (including refugees) are unemployed, as well as 42 per cent of asylum-seekers.⁶⁴⁶ This is considerably higher than the national unemployment rate.⁶⁴⁷ In Mexico, Venezuelans are often excluded from formal employment, due in part to a lack of official documentation. Furthermore, despite a possibly favourable legal framework for financial inclusion in 2022 (not yet binding), most major banks do not recognize documents issued by the Mexican Migration Authorities (INM) to asylum-seekers and refugees.⁶⁴⁸

RESPONSE STRATEGY

Integration Sector partners' responses in all three countries will prioritize the following:

- Expanding access to safe and dignified livelihoods, through support for inclusion in the formal economy with related job security and labour protections.
- Including refugees and migrants from Venezuela in national socio-economic recovery programmes, so that they can attain or regain self-sufficiency, together with their host communities.

[644] UNHCR Panama, HFS, April-July 2021: <https://www.acnur.org/616093804.pdf>

[645] R4V Panama, Joint Needs Assessment, September 2021. Publication forthcoming.

[646] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[647] Unemployment rate for Costa Rica (January-March 2021) was 18.7% (INEC, Encuesta Continua de Empleo).

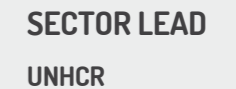
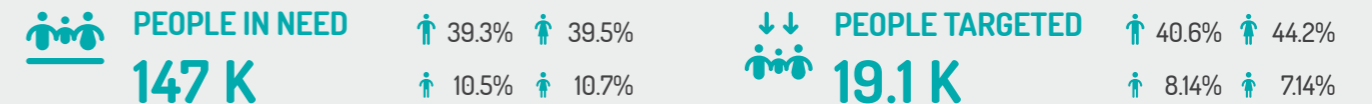
[648] R4V Mexico, JNA, October 2021. Publication forthcoming.

- Promoting peaceful coexistence and social cohesion between Venezuelans and host communities.

Modalities of support will include direct assistance to refugees and migrants from Venezuela through vocational training, job placement schemes, entrepreneurship programmes, and by providing seed capital. CVA will be provided to cover the costs of vocational training in Costa Rica and Mexico. Advocacy will be conducted with public and private entities to promote financial inclusion of refugees and migrants and access to bank accounts and financial services, as well as employment opportunities. Finally, to promote social cohesion, R4V partners will implement activities to strengthen community integration and peaceful coexistence and combat discrimination and xenophobia throughout the sub-region.

In addition to the modalities noted above for all three countries, in Costa Rica, R4V partners will support Venezuelan entrepreneurs by providing training and technical assistance for the development of their business plans, trainings on financial education, and seed capital to launch their ideas. In Panama, R4V partners will advocate with the government for the inclusion of refugees and migrants in social protection programmes, job fairs and employability programmes, more timely work permits for asylum-seekers, and to promote the sustainability of livelihoods and access to the formal labour market. Similarly, in Mexico, partners will conduct advocacy with the private sector to enhance employment opportunities, and with the authorities for access to financial services and to streamline issuance processes for stay and work permits.

PROTECTION



PRIORITY NEEDS

Refugees and migrants from Venezuela make up a significant number of the mixed movements by land, crossing borders irregularly from Colombia into Panama through the Darien Gap, traveling through Central America to Mexico, and expanding to the border with the United States.⁶⁴⁹ The increasingly dangerous transit routes being used by Venezuelans in the sub-region expose them to grave risks of exploitation by smugglers, robbery, violence (including GBV), human trafficking, family separation and natural hazards (such as flooding and landslides in the Darien, as well as scorching temperatures further north in desert areas of Mexico).⁶⁵⁰ This represents an important change in the protection environment observed in 2021, when regular pathways were still much more frequently used by Venezuelans in the sub-region.

Meanwhile, although the legal protection environments of all three countries of the sub-region generally allow access to territory and to work permits for Venezuelans who either seek asylum and are recognized as refugees or obtain other regular humanitarian or migratory status, there are still risks of denial of access to territory, detention and *refoulement*.⁶⁵¹ There are also risks for those who remain in need of regularization and documentation,⁶⁵² such as difficulties accessing services and exercising rights to education and healthcare (including COVID-19 vaccinations), as well as more limited livelihoods and employment prospects.⁶⁵³ Limited income and an inability to cover basic expenses, such as shelter and food, while economies continue to recover from the effects of the COVID-19 pandemic, result in greater risks of evictions, homelessness and engaging in harmful coping mechanisms such as survival sex.⁶⁵⁴ These protection risks are also closely linked to limited integration prospects for refugees and migrants from Venezuela.

RESPONSE STRATEGY

Given the scope of protection challenges, partners in Costa Rica, Mexico and Panama will focus on the following response priorities for 2022:

- Strengthening procedures to ensure access to territory (both at airports and land borders), asylum systems and regularization processes, ensuring timely access to corresponding documentation.
- Providing direct support to refugees and migrants from Venezuela to mitigate and reduce specific protection risks, including for those in-transit and in-destination at-risk of or already having experienced exploitation, evictions and homelessness, survivors of violence (including GBV) and victims of human trafficking.
- Improving Communication with Communities (CwC) including the timely dissemination of information on rights, available services, including access to the asylum procedure, family reunification procedures, and alternative forms of legal stay.

Key modalities of the response will include advocacy and capacity-development with the respective authorities to facilitate greater access to and inclusion of Venezuelans in national protection systems, including through a Quality Assurance Initiative (QAI) for the National Office for the Attention of Refugees (ONPAR) in Panama; the QAI for the Refugee Unit in Costa Rica and capacity-strengthening with the Migration Authority on the age, gender and diversity (AGD) approach; and in Mexico, technical support for the Mexican Commission for Refugees (COMAR) on refugee status determination (RSD) as well as with other authorities to support the regularization of Venezuelans not in need of international protection.

[649] See, e.g., U.S. Customs and Border Protection (CBP): <https://www.cbp.gov/newsroom/stats/nationwide-encounters>; Reuters, Mexico Considers Tighter Entry Rules for Venezuelans After U.S. Requests, 12 Nov 2021: <https://www.reuters.com/world/americas/exclusive-mexico-considers-tighter-entry-rules-venezuelans-after-us-requests-2021-11-12/>.

[650] National Migration Service, Government of Panama, Chart No. 003: Irregular Transit of Foreigners through the Colombian Border in Order of Country of Origin, 2021: https://www.migracion.gob.pa/images/img2021/pdf/IRREGULARES_POR_DARIEN_OCTUBRE_2021.pdf; IOM, More than 91,000 migrants have crossed Darien Gap on way to North America this year, 8 Oct 2021: <https://www.iom.int/news/more-91000-migrants-have-crossed-darien-gap-way-north-america-year>

[651] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[652] Barriers to regularization and documentation in the sub-region include lack of information on procedures and fees that may be prohibitive. For example, in Panama, the cost for a permanent residence card for Venezuelans was 512 USD prior to this year, but due to a ruling of the Supreme Court of Justice (CSJ) in 2021, finding Decree 249 of June 2019 unconstitutional, the cost went up to 1,017 USD.

[653] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[654] This is the case in multiple countries of Latin America and the Caribbean. See, e.g., R4V Regional Protection Sector and OAS, COVID-19 impacts in specific population groups, study in 9 countries of the region, 2021: <https://www.r4v.info/es/document/impactos-de-la-covid-19-en-personas-refugiadas-y-migrantes-de-venezuela>

Partners will also provide direct assistance to refugees and migrants in all three countries, mainly in the form of legal orientation, counselling and information on access to services and rights. Cash-based assistance (CVA) will be provided to people identified with specific protection needs that can be mitigated through improved access to essential services and coverage of basic needs, such as those at risk of eviction and homelessness, or engaging in survival sex due to lack of income. CVA will also be used to help cover fees associated with regularization and documentation procedures.

Community-based protection will also be a crucial element of the protection strategy, including by improving two-way communication and the active involvement of affected populations in various stages of the response. To promote Accountability to Affected Populations (AAP) partners will work to consolidate complaint and feedback mechanisms with affected communities, and to address and respond to situations of fraud, sexual exploitation and abuse, including through dedicated hotlines, messaging services and email accounts.

- Promoting public spaces for peaceful coexistence amongst youth, both virtual and physical, which includes the implementation of programmes to reduce child labour and other high-risk income-generating activities.

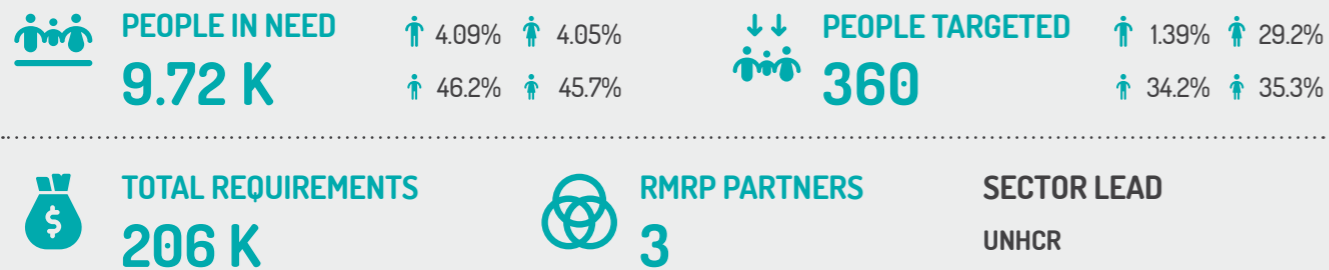
vulnerable children and families, including MHPSS services, legal assistance, CVA, and in-kind support for meeting basic needs.

To reduce xenophobia and discrimination, and to promote safe spaces for children, social media campaigns will be launched to encourage social cohesion among children and reduce xenophobic attitudes, which will, in turn, reduce protection risks for refugee and migrant children from Venezuela. Another key modality for partners' activities will be capacity-development: both in Panama and Costa Rica, partners will conduct workshops and trainings for civil servants on child protection procedures, with an emphasis on migratory regularization and RSD processes, and technical support to update attention protocols; while in Mexico, partners will support the government to implement child protection legislative reforms enacted in January 2021, by strengthening the Child Protection Authorities' (CPA) capacity to efficiently carry out Best Interests Determinations (BIDs). Direct support will also be provided to

In Costa Rica, psychological support through individual and group activities will be carried out through virtual programmes for Venezuelan refugee and migrant children and adolescents. In Panama, activities will be conducted to strengthen youth's skills and capacities through sports and cultural expressions. In Mexico, particular attention will be given to foster alternatives to detention, support protective legislation and create safe spaces for children.

Partners will collaborate with other Sectors, such as Protection, Food Security, Shelter, WASH and the Cash Working Group, to provide a holistic response and establish referral systems for vulnerable children and families to other types of support, including legal assistance, shelter, food support, hygiene kits, and CVA.

CHILD PROTECTION



PRIORITY NEEDS

The presence of children among groups of refugees and migrants from Venezuela using dangerous irregular transit routes through Panama, Costa Rica and Mexico – in the midst of larger population movements including other nationalities⁶⁵⁵ – is a key concern for the protection environment in 2022, as this means that Venezuelan children are exposed to considerable risks inherent in those journeys, including physical perils and natural hazards, as well as risks from those who take advantage of their vulnerability, such as exploitation and abuse, and family separation. Unaccompanied and separated children (UASC) also continue to be identified among the population in-transit in the sub-region.

Related to these irregular movements, in Mexico, children and families continue to be detained by border authorities, despite child protection legislative reforms enacted in January 2021.⁶⁵⁶ There is therefore a need for alternatives to detention and advocacy with the authorities to end the practice of child detention. Lack of knowledge of policies and procedures for child protection is an issue not only in Mexico: needs assessments carried out in Panama point to a lack of knowledge of services and institutions dedicated to the protection of children, while overcrowded homes and limited

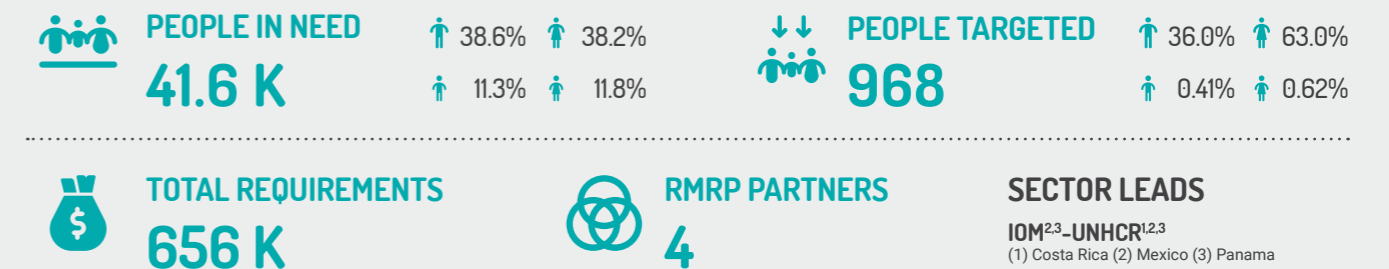
economic resources for households with children were also identified as major protection risks that impact the welfare of children and adolescents.⁶⁵⁷ Similarly, in Costa Rica, 31 per cent of surveyed Venezuelan households with children reported not having sufficient financial resources to cover their basic needs.⁶⁵⁸ These socio-economic factors can also affect children's ability to enjoy fundamental rights, such as freedom from child labour and access to education.

RESPONSE STRATEGY

Key priorities for Child Protection Sub-sector partners' response across the sub-region will include:

- Strengthening capacities of national and local authorities, refugees and migrants from Venezuela and host communities on best interest procedures for vulnerable children, including family reunification for unaccompanied and separated children (UASC).
- Reducing child protection risks and responding to identified child protection concerns, through direct support provided to vulnerable children and families, including improving humanitarian conditions and shelters for children in-transit, and working to end the detention of children.

GENDER-BASED VIOLENCE (GBV)



PRIORITY NEEDS

The increase in the use of irregular routes and border crossings by refugees and migrants from Venezuela has also exacerbated their vulnerability to numerous protection risks, including various forms of sexual and gender-based violence (GBV) including sexual exploitation and assault, as well as intimate-partner violence. Women and girls, as well as members of the LGBTIQ+ community, are at greater risk of these forms of violence. The increased vulnerability of those in-transit irregularly, while relying on smugglers to cross borders and evade detection by the authorities, at risk of robbery and without access to social support networks, can also lead to a greater prevalence of abuse and exploitation, including survival sex to meet basic needs, as well as risks of human trafficking.

Meanwhile, as a result of greater socio-economic insecurity due to the COVID-19 pandemic, coupled with movement restrictions and high levels of stress in households that struggle to meet basic needs, there are also greater risk factors for GBV among those in-destination. In Panama, R4V partners have reported an increase in GBV incidents and the need for MHPSS services.⁶⁵⁹

Participatory assessments and protection monitoring by R4V partners identified the need to link prevention, risk mitigation, and response programmes with peaceful coexistence in schools and communities, as GBV risks and xenophobia have also been reported by girls and adolescents in public spaces.⁶⁶⁰ Both in Panama and Costa Rica, participatory assessments identified the need for greater information on available services for GBV survivors. In Mexico, negative stereotypes about and discrimination against Venezuelan women and girls creates serious risks for GBV, including sexual violence, exploitation and abuse.⁶⁶¹

RESPONSE STRATEGY

To respond to the identified risks of GBV and needs of survivors across the sub-region, GBV Sub-sector partners will focus on the following priorities in Costa Rica, Mexico and Panama:

- Developing and implementing effective referral pathways for survivors of GBV, including effective access to the justice system and inclusion in survivor/victim protection programmes.

[655] For example, children made up 20.7 per cent (or 18,935 out of 91,305 total) of all persons identified by the National Migration Service in Panama as crossing irregularly through the land border with Colombia, from January-October 2021. Venezuelans made up 1,925 of this total (out of 121,737). (Data not available sorted by both nationality and age). See Government of Panama, Chart No. 003: Irregular Transit of Foreigners through the Colombian Border in Order of Country of Origin, 2021: https://www.migracion.gob.pa/images/img2021/pdf/IRREGULARES_POR_DARIEN_OCTUBRE_2021.pdf.

[656] According to the Migration Policy Unit of the National Migration Institute of the Government of Mexico, 267 Venezuelan children were presented to the national migration authorities between January and September 2021: 80 children were between ages 12-17, four of whom were unaccompanied. 187 children were between the ages of 0 and 11, two of whom were unaccompanied. See <http://www.politicamigratoria.gob.mx/es/PoliticaMigratoria/CuadrosBOLETIN?Anual=2021&Secc=3>

[657] R4V Panama, JNA, September 2021. R4V Panama, Women and Girls Participatory Assessment, February 2021.

[658] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[659] R4V Panama, JNA, September 2021. Publication forthcoming.

[660] R4V Panama, Women and Girls Participatory Assessment, February 2021. Part of the R4V Panama, JNA, September 2021.

[661] R4V Mexico, JNA, October 2021. Highlighted as a concern during focus group discussions. Publication forthcoming.

- Focusing on programmes that have a potential to prevent GBV from occurring, by conducting outreach with communities and authorities, trainings on positive masculinities, and other activities to address the root causes of GBV.
- Providing support to survivors of GBV, including case management, psychosocial support, and integrated inter-sectoral responses with the Shelter, Health, Protection and Integration Sectors.

Direct support to survivors of GBV will be provided by GBV Sub-sector partners as part of a wholistic response, through linkages with other Sectors, to ensure that – in addition to case management and MHPSS support – survivors have access to health services, safe shelter, income-generating opportunities, access to justice systems, and legal advice and counselling. Primary modalities of the prevention response, meanwhile, will

include information dissemination of key messages among communities, focusing on a “new masculinities” approach, working with boys and girls, adolescents and adults to identify the root causes of GBV and address harmful gender norms, including through community-based peaceful coexistence and social cohesion activities in schools and other public spaces.

Community protection networks will also be supported, to promote early identification and referral of GBV survivors. Capacity-building workshops with relevant agencies and sensitization sessions on the specific vulnerabilities faced by refugees and migrants will also be held for authorities in Costa Rica, Mexico and Panama, to address prevention, mitigation, and response to situations of GBV and to secure referral pathways to government protection agencies.

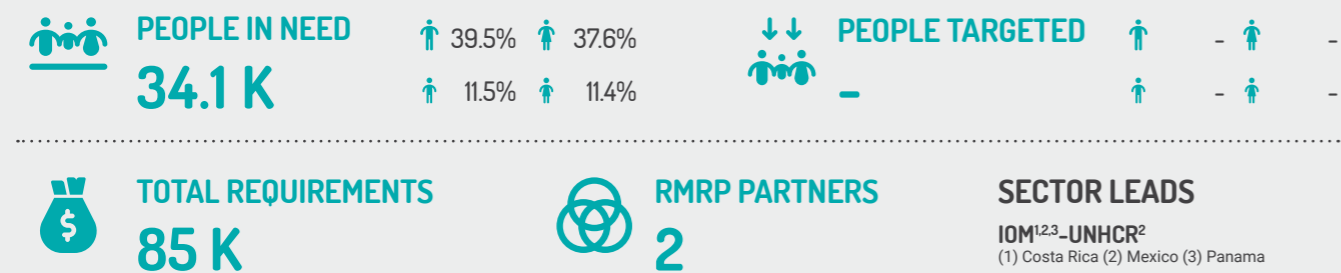
To prevent human trafficking, partners in Mexico, Costa Rica and Panama will support the regional campaign for the prevention of trafficking in persons developed by the regional R4V Human Trafficking and Smuggling Sub-sector, disseminating it to the three countries and using it as the basis for further capacity-building. Partners in Costa Rica and Panama will implement training activities to strengthen the technical capacities of national actors and partners who work with refugees and migrants from Venezuela.

R4V activities will focus on capacity-strengthening for judges, prosecutors, the police, and institutions linked to the prevention of, response to, and prosecution of the crime of human trafficking. Additionally, support will be provided for the creation of a specialized unit to respond to the needs of victims of trafficking from Venezuela. In Panama, the prevention response will also include providing technical support to the government to meet its commitments outlined in the National Plan Against the Trafficking of Persons, 2017-2022, by developing technical tools to help address root causes, refer cases to existing mechanisms and establish interinstitutional and intersectoral referral pathways.

R4V partners in the sub-region will focus on improving access to protection systems and comprehensive support services for Venezuelan victims of trafficking, and on developing local protection referral pathways. Partners will strengthen protection services and spaces that provide support to victims, including the reception stations in the Darien area in Panama, and shelters along main transit routes in Mexico, to guarantee psychosocial and legal assistance, access to justice, documentation, and integration support for victims of trafficking and people who have been smuggled and in a vulnerable situation.

Finally, the response will translate into intersectoral coordination, particularly with the Humanitarian Transportation, Food Security and WASH Sectors, to provide holistic and meaningful access to services and respond to the needs of victims of trafficking and people who have been smuggled.

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

For the Central America and Mexico sub-region, the context of the COVID-19 pandemic and the countries’ unprecedented and prolonged movement restrictions have caused refugees and migrants from Venezuela to face greater risks of human trafficking and smuggling. This context has led to situations of abuse and exploitation, especially along alternative and dangerous transit routes.⁶⁶² As in other countries of the region, trafficking and smuggling networks in Mexico, Panama and Costa Rica have quickly adapted to the changes linked to the pandemic, as criminals have found ways to exploit the vulnerable situation of refugees and migrants desperate to cross borders despite movements restrictions and closures, leading to an increase in the demand and price for smugglers’ services, also associated with an increased risk to fall victim to human trafficking.⁶⁶³

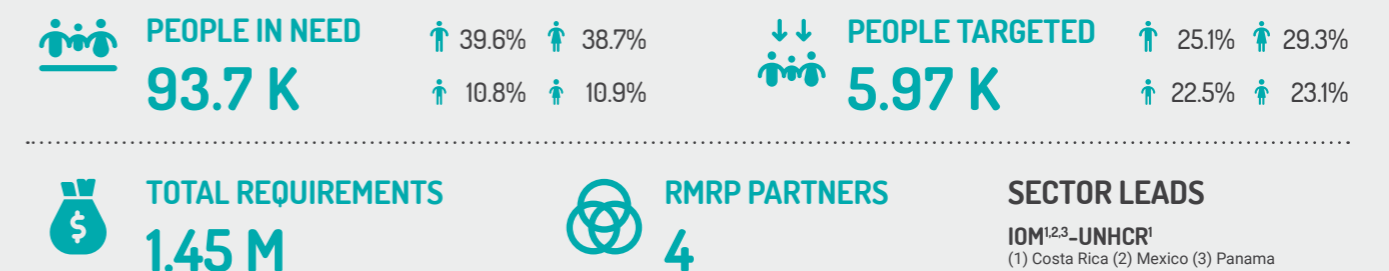
Risk factors associated with human trafficking in the sub-region include a lack of documentation/ irregular situations, lack of accurate information on the risks associated with irregular transit routes, and socio-economic vulnerability. For example, the JNA in Costa Rica found that the lack of

documentation and an irregular situation limited access of the Venezuelan population to public services like health, education, transportation and better job opportunities, including access to formal labour markets and to job opportunities related to their previous work, experience, and skills. As a result, opportunities for integration in their host communities decreases, while the risks of abuse and human trafficking significantly increase.⁶⁶⁴ According to an R4V partner’s survey, 1 per cent of Venezuelan respondents interviewed in Costa Rica reported having been detained at a location against their will, which is an indicator of a possible case of human trafficking.⁶⁶⁵ Although cases of human trafficking are chronically under-identified and under-reported, leading to a dearth of information on the scale of the problem, both Mexico and Panama are also known to be have been targeted by human trafficking and smuggling networks, with the current irregular movements providing fertile ground for these criminal networks to operate.

RESPONSE STRATEGY

The Human Trafficking and Smuggling Sub-sector response strategy for the sub-region will focus on four priorities: prevention, prosecution, protection, and partnerships.

SHELTER



PRIORITY NEEDS

The changing movement dynamics in the sub-region – with the marked increase in 2021 of refugees and migrants from Venezuela with limited socio-economic means traveling over land routes and through irregular border crossings between Panama, Costa Rica and Mexico, in addition to some continuing to arrive by plane – have led to greater shelter needs, particularly for the highly vulnerable in-transit populations. The lack of adequate safe shelter for refugees and migrants from Venezuela is a key unmet need in border areas of the Darien Gap in Panama, the southern and northern border of Costa Rica, and the southern border of Mexico. The COVID-19 pandemic and related physical distancing requirements also continue to limit collective shelter options, particularly for refugees and migrants in-transit: for example, in Mexico, several collective shelters either closed their doors to new arrivals or suspended operations continuing into 2021 in order to adhere to COVID-19 measures, leaving fewer spaces available.

In addition, the COVID-19 pandemic continues to create additional housing risks and challenges for the in-destination

population in the sub-region, with loss of household income linked to an inability to pay rents, and risks of eviction and homelessness. In Costa Rica, for example, 53 per cent of the Venezuelan population surveyed in 2021 reported having faced a problem in their place of residence, mainly issues related to paying rent and / or basic household services.

RESPONSE STRATEGY

Shelter Sector partners in Costa Rica, Mexico and Panama will prioritize the following responses in 2022:

- Ensuring access to short-term safe and dignified shelter, including through collective shelter options as well as individual accommodations, along transit routes and in-destination for those most vulnerable to protection risks.
- Expanding support for adequate and affordable longer-term shelter in destination areas, to prevent evictions and homelessness and avoid the need to engage in negative coping mechanisms.

[662] See, e.g., Government of Panama, Migration: Irregular transit through Darién by country, 2021: <https://bit.ly/316kReP>

[663] Global Initiative Against Transnational Organized Crime, Aggravating Circumstances: How Coronavirus Impacts Human Trafficking (Policy Brief), May 2020: <https://globalinitiative.net/wp-content/uploads/2020/06/Aggravating-circumstances-How-coronavirus-impacts-human-trafficking-GITOC-1.pdf>

[664] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[665] IOM, DTM Costa Rica, May-June 2021: www.dtm.iom.int/costa-rica

Shelter partners in the sub-region will continue to prioritize the most vulnerable cases, including households with children, the elderly and persons with disabilities, female-headed households, persons with serious medical conditions, and those in irregular situations.

Modalities will include in-kind support, including through technical assistance, infrastructure improvements and equipment for collective shelters (including in Mexico and Costa Rica) to expand their capacities to accommodate refugees and migrants from Venezuela, as well as in-kind shelter for those with special protection needs (including survivors of GBV and victims of trafficking in Panama). Cash and voucher assistance

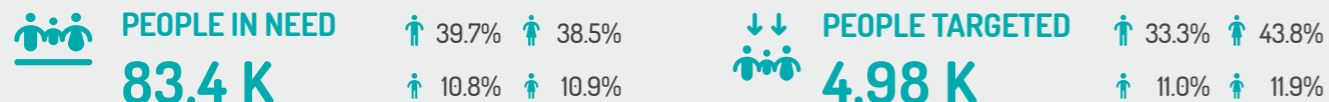
(CVA) for rental costs of individual accommodations will be provided directly to refugees and migrants in Panama, Costa Rica and Mexico. A guidance note will also be developed to assist refugees and migrants in navigating the rental market across Mexico and to improve access to adequate and affordable housing.

Intersectoral collaboration with the Cash Working Group and the GBV and Human Trafficking and Smuggling Sub-sectors, as well as the Protection, Food Security and Health Sectors, will be key to provide a holistic response including shelter support to survivors of GBV and victims of human trafficking.

and migrants in shelters and reception centres which host Venezuelans, in Mexico, Panama and Costa Rica. Information campaigns will also be carried out on proper hygiene practices, targeted at refugees and migrants as well as host communities, together with messages to promote peaceful coexistence and reduce xenophobia and discrimination linked to negative perceptions about the pandemic and the spread of COVID-19.

Intersectoral collaboration with the Child Protection, GBV, and Human Trafficking and Smuggling Sub-Sectors will be important to ensure that survivors of GBV and victims of human trafficking are prioritized as well for support from WASH Sector partners.

WASH



PRIORITY NEEDS

The priority needs for the WASH Sector for 2022 are mainly linked to the prevention of COVID-19 for refugees and migrants from Venezuela and host communities, and personal hygiene. In Costa Rica, an R4V Partner survey noted that 38 per cent of Venezuelans indicated that the sanitary conditions of their homes are worse in the host country, compared to Venezuela.⁶⁶⁶ Another partner's survey indicated that 26.6 per cent of Venezuelans in Costa Rica share a bathroom with another family.⁶⁶⁷ Similarly, since the second half of 2021 in Panama there has been an increase in the population in-transit to the north through the Province of Darien, which has increased the needs of the Immigration Reception Stations, and which requires additional efforts to meet the WASH needs of the population. In Mexico, due to the increasing number of Venezuelans in the in-transit population heading towards the United States,⁶⁶⁸ partners identified the need to support shelters and reception centres which host Venezuelans with WASH supplies. As a result of the pandemic, shelters have faced several difficulties related to additional sanitary measures and corresponding space limitations. Shelters are in need of institutional and humanitarian assistance to provide more comprehensive support, including WASH, to refugees and migrants during the pandemic.⁶⁶⁹

As a result, R4V partners will need to provide an adapted response to the WASH needs of refugees and migrants from Venezuela by prioritizing their risk of exposure to COVID-19, taking into account that the socio-economic impact of the pandemic has affected the affordability of WASH services, and increased WASH needs.

RESPONSE STRATEGY

In 2022, WASH Sector partners will focus on the following priorities for all three countries of the sub-region:

- Addressing WASH needs related to the prevention of the spread of COVID-19 and other communicable diseases, by providing supplies, including hygiene kits and COVID-19 prevention items.
- Providing AGD-sensitive personal hygiene kits, covering the needs of refugees and migrants from Venezuela for menstrual hygiene management (MHM) items and diapers (for child-care as well as incontinence).

The distribution of in-kind assistance will be a key modality, in the form of PPEs, hygiene kits, menstrual health kits, diapers, and other WASH supplies directly to refugees and migrants, and to ensure that CVA can be used for other expenses other than hygiene items. Key points of distribution and populations targeted for these forms of assistance will include refugees



[666] JNA, UNHCR Costa Rica and IOM Costa Rica, September 2021. Publication forthcoming.

[667] UNHCR Costa Rica, HFS, 2020-2021. Publication forthcoming.

[668] IOM, DTM, Mexican Northern Border, 2021. Publication forthcoming.

[669] United Nations Mexico, Reporting Results, 2020: https://www.onu.org.mx/wp-content/uploads/2021/06/Informe-ONU-Mx_2020.pdf



**SOUTHERN
CONE**



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SOUTHERN CONE

AT A GLANCE



POPULATION PROJECTION 2022

239 K

PEOPLE IN NEED

284 K

PEOPLE TARGETED

132 K

VENEZUELAN IN DESTINATION

230 K

164 K

124 K

HOST COMMUNITY

-

114 K

2.49 K

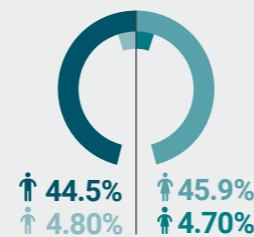
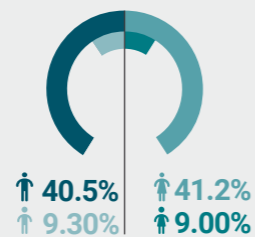
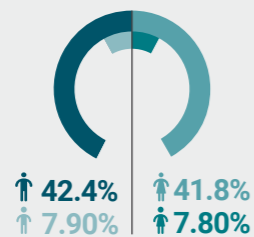
IN TRANSIT*

8.77 K

6.39 K

5.04 K

GENDER DISAGGREGATION

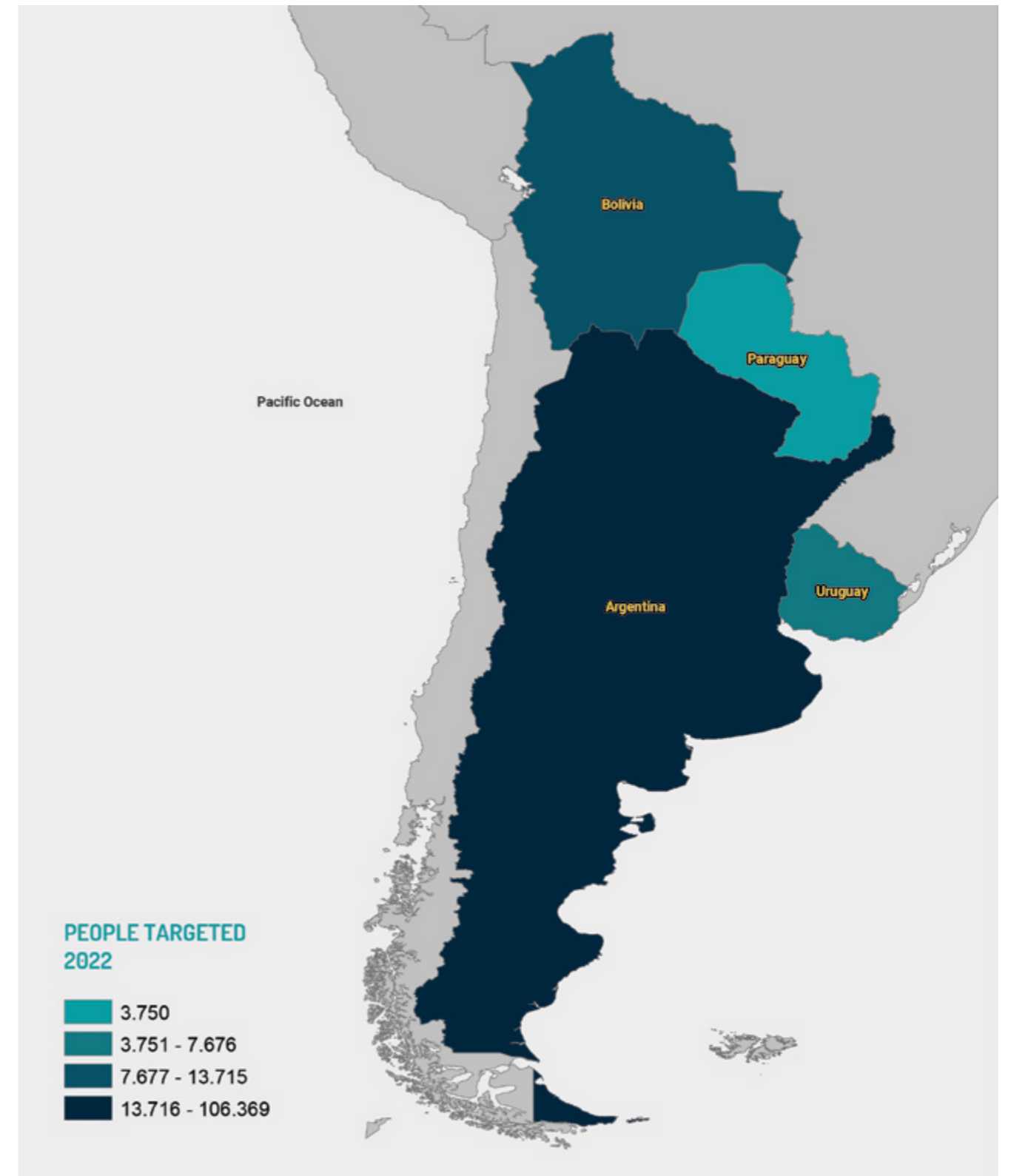


TOTAL REQUIREMENTS
\$46.7 M

RMRP PARTNERS
21





* Refugees and migrants in-transit are included in the national totals.

FUNDING REQUEST AND BENEFICIARIES TARGETED



COUNTRY	Population Projection	People in Need	People Targeted	Budget
Argentina	190.4 K	225 K	106 K	\$23.3 M
Bolivia	13.5 K	33.2 K	13.7 K	\$8.78 M
Uruguay	19.2 K	15.1 K	7.68 K	\$7.98 M
Paraguay	7.23 K	10.9 K	3.75 K	\$6.68 M



























NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE

	 International NGOs	 National NGOs / CSOs [†]	 Others ^{††}	 UN Agencies
Financial requirements	1.16%	4.67%	1.34%	92.8%
Organizations	2	7	6	6

[†] Civil Society Organizations.
^{††} Others include the Red Cross Movement, academia and faith based organizations.

The list of organizations only includes appealing organizations under the RMRP, many of which collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

Sector	People in need (PiN)*	Targeted In need	People targeted*	Financial requirements (USD)	Partners
 Education	60.8 K		4.44 K	841 K	7
 Food Security	141 K		29.7 K	2.08 M	9
 Health	182 K		11.6 K	2.07 M	9
 Humanitarian Transportation	23.8 K		4.01 K	818 K	4
 Integration	230 K		111 K	13.2 M	15
 Nutrition	5.74 K		4.37 K	153 K	1
 Protection**	91.7 K		34.1 K	9.35 M	10
 Child Protection	17.3 K		1.55 K	1.96 M	7
 Gender-Based Violence (GBV)	16.3 K		1.24 K	813 K	7
 Human Trafficking & Smuggling	2.08 K		290	694 K	6
 Shelter	57.4 K		18.9 K	6.05 M	11
 WASH	57.4 K		16.4 K	978 K	6
 Multipurpose Cash Assistance	-	-	18.7 K	4.66 M	5
 Common Services***	-	-	-	3.08 M	9

* Refugees and migrants in-transit are included in the national totals.

** This includes Support Spaces

*** This includes AAP, Communication, Coordination, CwC/ C4D, Fundraising, Information Manager, PSEA and Reporting.

COUNTRY OVERVIEW



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The sub-region, comprising Argentina, Bolivia, Paraguay and Uruguay, has traditionally been marked by favorable reception conditions, with dedicated legal frameworks for refugees and migrants, opportunities for asylum and socio-economic integration with relatively low levels of discrimination and xenophobia, particularly in Argentina, one of the largest traditional recipient countries of refugees and migrants in South America. This positive protection environment has been significantly challenged by the COVID-19 pandemic.

After extended periods of border closures due to COVID-19 mitigation measures, the overall situation of refugees and migrants from Venezuela and affected host communities in the sub-region has worsened in comparison to previous years.⁶⁷⁰ This is attributable in large part to the COVID-19 pandemic's

impact on national economies, changes to border management policies and asylum and regularization mechanisms.

Refugees and migrants from Venezuela surveyed by R4V partners in 2021 were unemployed at far greater rates than host populations in the four countries: in Argentina, 15 per cent of Venezuelans surveyed were unemployed, compared to 9.8 per cent of the general population; in Uruguay, 19 per cent compared to 9.5 per cent; in Paraguay, 33 per cent compared to 8.1 per cent; and in Bolivia, 62 per cent compared to a national unemployment rate of 7.6 per cent.⁶⁷¹

Obstacles to accessing territories and legal stay arrangements, including barriers to requesting asylum and other documentation procedures, have become recurrent.⁶⁷² Regular

[670] Joint Needs Assessment (JNA), Southern Cone R4V Platform, December 2021 (hereafter JNA Southern Cone, 2021): <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>. The JNA is the result of 4 workshops held in August 2021 with R4V partners, including refugee- and migrant-led organizations, governments, and subject matter experts in Argentina, Bolivia, Paraguay and Uruguay. It also took into account information from nine surveys with refugees and migrants from Venezuela in the sub-region: in Argentina, the High Frequency Survey (HFS) of UNHCR, 2021 (hereafter UNHCR Argentina, HFS, 2021); the Displacement Tracking Matrix (DTM) of IOM, Round 6, May 2021 (hereafter IOM Argentina, DTM, 2021): <https://dtm.iom.int/argentina>; and the National Migrant Survey of Argentina (ENMA), by the Migration and Asylum Division of the Institutional Network for Solutions to Human Rights Issues (RIOSP) of the National Council of Scientific and Technical Investigation (CONICET) (hereafter RIOSP-CONICET, National Migrant Survey of Argentina, 2021); in Bolivia, the DTM of IOM, Round 1, 2021 (hereafter IOM Bolivia, DTM, 2021): <https://dtm.iom.int/bolivia>; and the High Frequency Survey (HFS) of UNHCR, 2021 (hereafter UNHCR, Bolivia HFS, 2021); in Paraguay, the DTM of IOM, Round 4, 2021 (hereafter IOM, Paraguay DTM, 2021): <https://dtm.iom.int/paraguay>; and the High Frequency Survey (HFS) of UNHCR, 2021 (hereafter UNHCR, Paraguay HFS, 2021); and in Uruguay, the DTM of IOM, Round 3, 2021 (hereafter IOM, Uruguay DTM, 2021): <https://dtm.iom.int/uruguay>; the DTM of IOM and UNICEF, Round 4, 2021 (hereafter IOM/UNICEF, DTM Uruguay, 2021); and the High Frequency Survey (HFS) of UNHCR, 2021 (hereafter UNHCR, Uruguay HFS, 2021).

[671] JNA, Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021> Comparative analysis of unemployment data from the RIOSP-CONICET, National Migrant Survey of Argentina (ENMA), 2021; UNHCR Bolivia, HFS, 2021; IOM Paraguay, DTM, 2021; and IOM Uruguay, DTM, 2021, among other sources.

[672] Argentina and Bolivia had no exceptions for asylum-seekers to enter while their land borders have been closed. UNHCR, COVID-19 Platform: Temporary measures and impact on protection, 2021: <https://im.unhcr.org/covid19-platform/>. In Bolivia, 18 per cent of Venezuelans surveyed, in Argentina 6 per cent, in Paraguay 4 per cent and 2 per cent in Uruguay said they intended to seek asylum but could not, either due to lack of information, lack of presence of a public authority with whom to request asylum, and/ or due to prohibitive costs, among other reasons. UNHCR, HFS, 2021.

pathways for family reunification and for unaccompanied and/or separated children (UASC) have been insufficient and/or suspended due to COVID-19 restrictions.⁶⁷³ Prerequisites for entry such as COVID-19 vaccinations and/or negative PCR tests pose challenges, due to the lack of access to vaccines in countries of transit and/or unaffordable costs for many refugees and migrants from Venezuela.⁶⁷⁴

Meanwhile, once in Argentina, Bolivia and Paraguay, a significant percentage of refugees and migrants from Venezuela do not have adequate documentation to exercise their fundamental rights: in Bolivia, 68 per cent of all refugees and migrants from Venezuela surveyed in June 2021 said they were in an irregular situation;⁶⁷⁵ in Argentina, 44 per cent of Venezuelans surveyed who had been in the country for two years or less did not have a National Identity Document and 33 per cent said they had faced obstacles to regularize;⁶⁷⁶ and in Paraguay, 38 per cent of Venezuelans already recognized as refugees did not have a valid national ID.⁶⁷⁷ In this context, Bolivia's planned regularization exercise for Venezuelans in an irregular situation – through which those eligible will receive two-year residency permits – could represent an important opportunity for refugees and migrants from Venezuela to regularize their situations.⁶⁷⁸

Given this protection context, unsatisfied basic needs – such as shelter, water, food and health services – threaten the lives and physical integrity of refugees and migrants from Venezuela in-transit by land through Bolivia, mainly to Chile as a final destination, but also to Argentina and Uruguay. Venezuelans traveling these routes often arrive at transit locations (e.g. Pisiga in Bolivia, or La Quiaca in Argentina) in precarious conditions, with host communities where basic goods and services are also scarce.⁶⁷⁹ 33 per cent of refugees and migrants from Venezuela arriving to Argentina did not have regular access to food during their trip.⁶⁸⁰ Food is the second greatest need

identified by refugees and migrants from Venezuela through surveys with R4V partners in Argentina, Uruguay and Bolivia, and the greatest household need in Paraguay.⁶⁸¹

Regarding shelter, 18 per cent of Venezuelans surveyed while in-transit in Bolivia lacked safe shelter, during journeys which traverse high altitudes, extreme temperatures and sparsely inhabited territories.⁶⁸² The need for temporary shelter has also increased in border areas of Argentina and Uruguay, linked to the requirements for quarantine and the reduction of safe transportation from border areas to main cities.⁶⁸³ This situation is also associated with an increase in smuggling, taking advantage of refugees' and migrants' vulnerability.⁶⁸⁴ In Bolivia 35 per cent of Venezuelans surveyed had received proposals to cross borders irregularly.⁶⁸⁵

Regarding integration prospects, Argentina and Uruguay have traditionally provided for greater socio-economic opportunities,⁶⁸⁶ while Bolivia and Paraguay have only recently started receiving significant numbers of refugees and migrants, many of them in-transit.⁶⁸⁷ Working in the informal labour market has become even more prevalent than in pre-pandemic times.⁶⁸⁸ Social protection programmes are usually not enough to cover basic needs and/or have administrative requirements that Venezuelans cannot meet, such as documentation or a minimum number of years of residence: in Argentina, 97 per cent of Venezuelans interviewed could not access the main emergency socio-economic assistance issued by the government to respond to the effects of the pandemic.⁶⁸⁹

Access to adequate and affordable housing solutions continues to be a complex and long-standing challenge for both refugees and migrants from Venezuela and host communities, particularly in the urban areas of Buenos Aires, Cordoba, Mendoza and Rosario in Argentina; Santa Cruz, Cochabamba

and La Paz in Bolivia; and Montevideo in Uruguay.⁶⁹⁰ As an example, 10 per cent of Venezuelans surveyed in Argentina were living in precarious and/or overcrowded collective shelters, family hotels or shared houses.⁶⁹¹

Regarding health needs, refugees and migrants have generally been included in COVID-19 vaccination campaigns in the sub-region, on a par with nationals, although practical obstacles remain.⁶⁹² While healthcare is free and universal in Argentina and Uruguay, there are access challenges in some geographic regions, mainly in border areas. In Bolivia and Paraguay, access to adequate healthcare is one of the main concerns expressed by refugees and migrants.⁶⁹³

Finally, xenophobia is a growing concern: 45.8 per cent of refugees and migrants from Venezuela surveyed in Bolivia, 26.9 per cent in Argentina, 23 per cent in Paraguay and 29.9 per cent in Uruguay said they had suffered discrimination in their host countries due to their nationality.⁶⁹⁴

RESPONSE STRATEGY

Scope of the Response and Priorities

The RMRP 2022 response in the Southern Cone brings together 23 partners⁶⁹⁵ working in 24 departments, provinces or states of the four countries of the sub-region. The response will geographically focus on border regions that are places of transit and arrival for Venezuelans (such as Jujuy, Salta, Misiones and Mendoza in Argentina; Oruro, Potosí, Tarija, El Beni and La Paz in Bolivia; Itapúa and Alto Paraná in Paraguay; and Rivera and Chuy in Uruguay) and urban areas with greater concentrations of refugees and migrants (including Buenos Aires City and Province, Rosario, Mendoza, Cordoba and Salta in Argentina; La Paz, Santa Cruz and Cochabamba in Bolivia; Asunción and Ciudad del Este in Paraguay; and Montevideo in Uruguay).

The priority of the response for 2022 will be to strengthen the protection space for refugees and migrants from Venezuela. Partners will complement government efforts to promote access to regularization; to strengthen access to and efficiency of the asylum systems, as well as processes for resident permits and humanitarian visas; and to issue national identity documents. This will be accomplished through interventions in capacity-building, advocacy, legal advice and representation for refugees and migrants, and conducting information and sensitization campaigns. Partners will promote safe access to

territory through regular pathways and, in the case of Bolivia, to regularization for those staying in the country.⁶⁹⁶ Specific needs of children and youth will be prioritized, in particular the situation of UASC.

In Argentina and Uruguay, where more than 90 per cent of refugees and migrants from Venezuela in the sub-region live, facilitating integration will continue to be a priority, particularly in main urban areas of settlement of the population: Buenos Aires, Cordoba, Mendoza and Rosario in Argentina, and Montevideo in Uruguay. RMRP partners will promote employment, entrepreneurship, and financial inclusion of refugees and migrants. Women's needs are particularly considered within these activities, with a goal to support families with childcare and elder care, roles which are often assumed by women in households.

In Bolivia, particularly for refugees and migrants in-transit to Chile and Argentina, partners will provide emergency assistance such as water, food, temporary shelter, basic healthcare and safe transportation. Partners will also implement these types of interventions along the northern border of Argentina, especially in Jujuy and Salta. Moreover, as refugees and migrants continue facing challenges to access safe, dignified and affordable housing solutions in Buenos Aires and Montevideo, partners will assist refugees and migrants with temporary shelters and orientation and legal advice.

R4V partners' health activities will be more extensive in Bolivia and in Paraguay, seeking to complement existing public services for refugees and migrants. In all four countries, strengthening mental health care will be a priority. The R4V Sub-regional Platform will also continue to promote the inclusion of refugees and migrants in COVID-19 vaccination campaigns.

In terms of education, the priority will be to facilitate recognition of academic degrees and vocational credentials. Additionally, focusing on Bolivia, partners will seek to promote children's access to public education.

Finally, multipurpose cash transfers (MPC) will be a main modality of implementation across the sub-region. Public information campaigns and Communication with Communities (CwC) will also be key activities to prevent and counteract xenophobia and discrimination.

Response Principles

[673] In Argentina, families remained in Bolivia and Brazil for months after perilous overland journeys while waiting for permission from the Government of Argentina to enter, despite residences in Argentina being already approved in some cases. CAREF, Migrantes en Pandemia: Entre la nueva normalidad y la vieja desigualdad, p. 37, 2021: <https://www.caref.org.ar/publicaciones>.

[674] To enter Argentina and to a lesser extent Uruguay, these prerequisites are normally implemented first by transportation companies (by land, air and water) which often do not apply exceptions (family reunification or seeking asylum) even when established in the countries' legal frameworks.

[675] IOM, DTM Bolivia, 2021.

[676] RIOSP-CONICET, National Migrant Survey in Argentina (ENMA), p. 30, 2021. Publication forthcoming.

[677] UNHCR, HFS Paraguay, 2021.

[678] For more information, see <http://www.gacetaoficialdebolivia.gob.bo/normas/descargarPdf/168568>.

[679] During 2021, there were numerous reports of refugees and migrants from Venezuela in transit through Bolivia to Chile with severe health conditions and even deaths. See, e.g., *La muerte de una bebé venezolana en la frontera entre Bolivia y Chile que refleja el drama de los migrantes*, El Diario, 10 November 2021: <https://eldiario.com/2021/10/12/muerte-bebe-venezolana-frontera-bolivia-chile/>; *Migrante venezolana muere al cruzar inhóspita frontera entre Chile y Bolivia*, Swiss Info, 25 May 2021: https://www.swissinfo.ch/spa/chile-migraci%C3%B3n_migrante-venezolana-muere-al-cruzar-inh%C3%B3spita-frontera-entre-chile-y-bolivia/46648622.

[680] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>; IOM, DTM Argentina, 2021: <https://dtm.iom.int/argentina>.

[681] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[682] IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

[683] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[684] In Argentina, 33 per cent of Venezuelans surveyed had suffered from or witnessed an incident while in transit, such as violence or harassment, among others. UNHCR, HFS Argentina, 2021.

[685] IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

[686] In both countries, refugees and migrants can generally exercise their rights to health and education, and even those in irregular situations can often find work, however these opportunities have been partially undermined by the COVID-19 pandemic.

[687] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[688] In Bolivia, 52 per cent of Venezuelans interviewed were working in the informal sector, IOM, DTM Bolivia, 2021. In Argentina, 59 per cent of working Venezuelans surveyed were not duly registered as employees, RIOSP-CONICET, ENMA, 2021.

[689] RIOSP-CONICET, National Migrant Survey in Argentina (ENMA), 2021. Publication forthcoming.

[690] For example, after the start of the pandemic in Argentina, the number of people living in so-called Villas – characterized by precarious buildings and limited infrastructure and public services – quadrupled to approximately 400,000. *La Pandemia del Coronavirus y la Crisis Habitacional en la Ciudad de Buenos Aires*, Observatorio del Derecho a la Ciudad, 2020: <https://observatoriociudad.org/la-pandemia-del-coronavirus-y-la-crisis-habitacional-en-la-ciudad-de-buenos-aires/>. In Argentina, 80 per cent of Venezuelans interviewed had one or more problems to access adequate housing, including high rental costs (65 per cent) and obstacles to meet legal requirements (48 per cent) and 10 per cent were at risk of evictions, RIOSP-CONICET, ENMA, 2021.

[691] RIOSP-CONICET, ENMA, 2021.

[692] Obstacles include documentation requirements to register online, and differences in criteria between provinces. See, e.g. CAREF Argentina, Vacunación COVID-19: ¿También para migrantes? 2021: <https://www.caref.org.ar/publicaciones>.

[693] In Bolivia, health is the second priority need expressed by refugees and migrants (17 per cent), right after food, and almost half (48 per cent) of those surveyed faced obstacles to receive healthcare. IOM, DTM Bolivia, 2021. In Paraguay, of the 18 per cent of Venezuelans surveyed who had a chronic illness, 81 per cent required medicines, but only 59 per cent could access them regularly in 2021. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>

[694] UNHCR, HFS Argentina, HFS Bolivia, HFS Paraguay and HFS Uruguay, 2021.

[695] While 23 partners submitted activities to the RMRP 2022, 40 organizations took part in the Southern Cone JNA and participate regularly in coordination mechanisms of each of the four countries.

[696] See, e.g., <http://www.gacetaoficialdebolivia.gob.bo/normas/descargarPdf/168568>.



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Sectors will coordinate on the basis of joint guiding principles, with a focus on age, gender, diversity (AGD) and the Centrality of Protection (COP). A full 100 per cent of RMRP partners in Paraguay, 86 per cent of partners in Bolivia, 73 per cent of partners in Argentina, and the majority of partners in Uruguay reported through the Gender with Age Marker (GAM) that they plan to incorporate gender, with an age and diversity approach, into their RMRP activities.

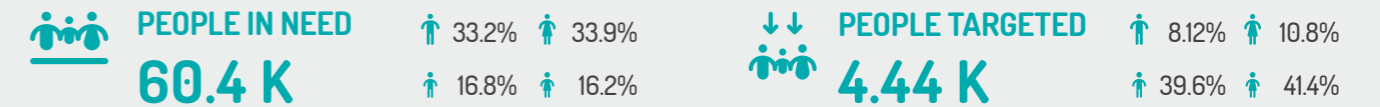
Meanwhile, expanding CwC and promoting accountability to affected populations (AAP) by facilitating meaningful participation of refugees and migrants from Venezuela and affected host communities to identify risks, needs and develop solutions, as enhanced in 2021, will be further strengthened in 2022. Promoting the leadership of community-based and refugee- and migrant-led organizations in the RMRP response will also be a focus of the R4V Sub-regional Platform.

To maintain the highest standards in all activities, R4V partners commit to establishing and strengthening mechanisms and

systems for protection from sexual exploitation and abuse (PSEA) and to implement a zero-tolerance policy on sexual harassment.

Lastly, R4V partners will promote access to the green economy and income-generating activities for refugees and migrants with positive environmental impacts. In the context of the RMRP planning process, R4V partners self-assessed their activities using the RMRP's Environment Marker: almost 50 per cent of R4V partners declared that they have assessed – partially or entirely – the environmental impacts of their interventions, or will still consider environmental issues in the ongoing planning process.

EDUCATION



SECTOR LEADS
 ADRA^{1,4}-IOM^{1,2,3,4}-SCALABRINI
 FOUNDATION²-UNHCR³
 (1) Argentina (2) Bolivia (3) Paraguay (4) Uruguay

PRIORITY NEEDS

Key education needs for refugees and migrants from Venezuela arise from the challenges faced to validate foreign academic and professional degrees and vocational skills. Refugees and migrants lack information on these procedures, while processing times can take up to two years, and additional challenges and delays arise in obtaining documentation from the country of origin, all of which have been aggravated by the COVID-19 pandemic. While Argentina and Uruguay have no agreements with Venezuela on the homologation of degrees, in Paraguay, the prohibitive costs to validate degrees from abroad further undermine socio-economic integration opportunities for refugees and migrants with limited economic resources.⁶⁹⁷

Refugee and migrant children and adolescents from Venezuela in irregular situations face concerning difficulties accessing the national educational systems across the sub-region due to documentation requirements. Some schools do not admit refugee and migrant children in irregular situations due to legal regulations in place.⁶⁹⁸

Additionally, refugee and migrant women's ability to obtain and maintain employment – particularly for single-parent heads-of-household, who are more often women – is in many cases impeded due to a lack of childcare solutions for children who are not attending schools or educational centres in the context of the health emergency. There is thus an important link between education access, school and childcare enrolment for children and employment and integration prospects for families. An assessment by an R4V partner in Bolivia found that 42 per cent of refugees and migrants from Venezuela surveyed stated that they could not access the job market, and 10 per cent of those indicated that it was because they had no one to take care of their children if they went to work.⁶⁹⁹

RESPONSE STRATEGY

The main priorities of the Education Sector response, to be carried out in all four countries of the sub-region, are the following:

- Advocate with relevant government authorities for granting access to education at all levels for all refugees and migrants from Venezuela.
- Coordinate with public institutions to facilitate validation and certification processes of primary, secondary, and university education.
- Collaborate with public institutions, schools, academic institutions and vocational training centres to develop certification of professional and vocational competencies.

The Education Sector will provide direct assistance and guidance to refugees and migrants from Venezuela on accessing national education programmes, certification and validation of academic degrees and certificates. It will further carry out information and awareness-raising activities with refugees and migrants on the right to education. Partners in all four countries will also directly assist refugees and migrants from Venezuela by providing them with spaces for pedagogical support, school supplies and educational enrichment activities. In terms of infrastructure, partners will support educational centres with furniture and educational supplies.

Activities focusing on capacity-support will target teachers and partners who work with refugees and migrants from Venezuela in educational and vocational contexts to enhance their integration, with an intercultural perspective. The Sector will support state and non-governmental entities to enhance educational inclusion and school retention for refugee and migrant children from Venezuela.

[697] In Paraguay, validating a degree granted by an educational institutional abroad costs almost 800 USD. See e.g. <https://www.una.py/educacion/tramites-academicos/requisitos-para-el-reconocimiento-homologacion-o-convalidacion-de-los-titulos-obtenidos>.

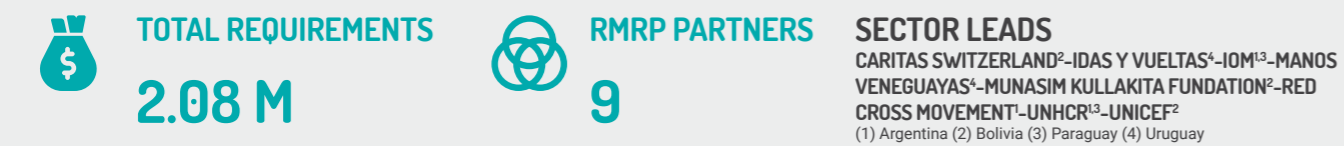
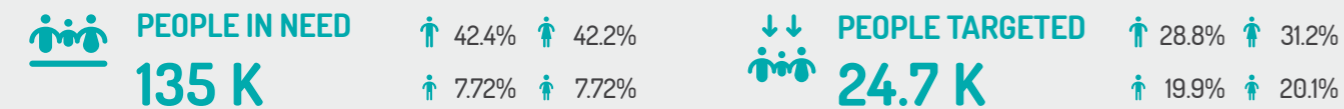
[698] In Bolivia, children and adolescents who do not have valid national documentation cannot enrol in the public education system: R4V partners have been advocating for children to register or attend class as "listeners." In Uruguay, some refugee and migrant children face difficulties accessing the "Ceibal Plan" in study centres without a national identity document. See JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>. In Argentina, 18 per cent of families interviewed had children not attending school, either because they were not yet old enough to do so (11 per cent) or due to other reasons (7 per cent). RIOSP-CONICET, ENMA Argentina, 2021. In Paraguay, 8 per cent of Venezuelans surveyed had children not enrolled in the educational system. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>.

[699] IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

The Education Sector will work directly with the Integration Sector, due to the intrinsic intersection between both Sectors, including on the need for education and vocational training to be able to access job opportunities, and the need to validate and

recognize academic and professional certifications, in order to access the formal labour market. In addition, advocacy with national governments on documentation will be undertaken in coordination with the Protection Sector.

FOOD SECURITY



PRIORITY NEEDS

Refugees and migrants from Venezuela in the Southern Cone have both reduced physical and economic access to food. According to surveys by R4V partners, in Argentina, Uruguay and Bolivia food is the second greatest need of refugees and migrants from Venezuela, and the greatest need in Paraguay.⁷⁰⁰

In Paraguay, 11 per cent of Venezuelans surveyed by an R4V partner did not have enough food to feed all members of their households, and 38 per cent had partial access to enough food.⁷⁰¹ In Uruguay, 26 per cent of refugees and migrants from Venezuela surveyed said their access to food worsened during the pandemic and 43 per cent of those between the ages of 25 and 44 said they had no or partial access to food.⁷⁰²

The primary cause of lack of sufficient quantity and quality of food is decreasing access to livelihoods and increasing food costs. Employment opportunities have been severely reduced due to the COVID-19 pandemic. The high cost of the family food basket also makes it difficult for refugees and migrants from Venezuela to meet their food needs, particularly in Argentina, where interannual inflation reached over 50 per cent in 2021,⁷⁰³ and Uruguay, where the daily price of a healthy diet is 3 dollars, one of the highest averages in the region.⁷⁰⁴

Refugees and migrants from Venezuela also face difficulties accessing government food support programmes, like the food baskets provided by the Ministry of Social Development

(MIDES) in Uruguay, or the IFE subsidy (Emergency Family Income) in Argentina,⁷⁰⁵ due to documentation requirements (such as a valid national identity card) and operational obstacles (such as geographical coverage).

Direct food assistance is also critical for refugees and migrants in-transit, particularly in Bolivia, given long distances and harsh climatic conditions in remote areas with few host communities and response actors. In Jujuy, Salta and Misiones in Argentina, and Rivera, Rocha and Chuy in Uruguay, food assistance for new arrivals subject to COVID-19 quarantines upon arrival has likewise been identified as a priority need.⁷⁰⁶

Due to increasing arrivals of families with children and adolescents in the Southern Cone,⁷⁰⁷ food assistance is a priority need for particularly vulnerable groups, including young children, pregnant and lactating women and the elderly.

RESPONSE STRATEGY

R4V partners will provide food assistance to refugees and migrants from Venezuela and affected host communities in all countries of the Southern Cone. Children under the age of five, pregnant and lactating women, the elderly and people with specific needs will be prioritized. The two main response priorities are:

- Strengthen and sustain direct food assistance to refugees and migrants from Venezuela, using CVA and in-kind

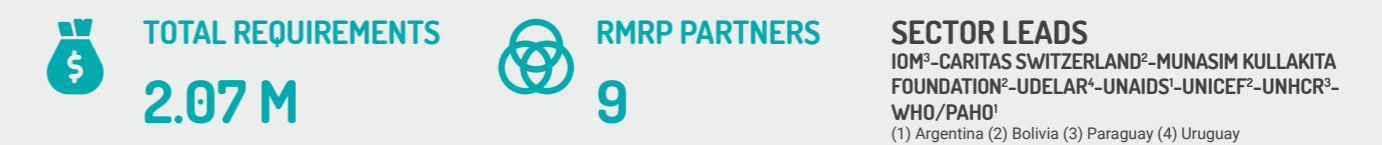
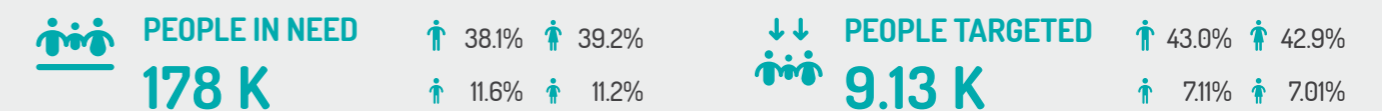
modalities, and expanding geographical coverage to include remote areas, prioritizing border areas of Bolivia and the north of Argentina and Uruguay.

- Advocate with local and national authorities to remove obstacles and improve the inclusion of refugees and migrants from Venezuela in government-run social and food programmes.

The Sector's response in 2022 will be implemented through the direct distribution of food baskets, other in-kind support such as infrastructure for community kitchens, and the delivery of food vouchers and/or cash assistance (CVA) to refugees and migrants. Direct food provision and CVA will be prioritized in areas far from urban centres.

The Food Security, Nutrition, Shelter, Humanitarian Transportation and WASH Sectors in the Southern Cone form a Basic Needs Multi-Sector Working Group, where partners coordinate activities in an integrated manner. Additionally, to improve the inclusion of refugees and migrants from Venezuela in national food assistance programmes, partners will coordinate closely with the Protection Sector to advocate for refugees' and migrants' access to documentation.

HEALTH



PRIORITY NEEDS

Refugees and migrants from Venezuela in irregular and vulnerable situations are largely unable to access national health systems and lack the means to pay for healthcare or travel to health centres. In Bolivia, 47.6 per cent of Venezuelans surveyed by an R4V partner had difficulties receiving medical attention and 73.8 per cent did not know the national health system (SUS).⁷⁰⁸ In Paraguay, 87 per cent of Venezuelans surveyed did not have health insurance.⁷⁰⁹

Another key obstacle is the lack of information on health services and the rights of refugees and migrants to access them, sometimes combined with a lack of awareness amongst public health system personnel, including related to refugees' and migrants' inclusion in national COVID-19 vaccination programmes. Incidents of discrimination and xenophobia have further undermined regular access for refugees and migrants.⁷¹⁰

The mental health condition of many refugees and migrants from Venezuela has suffered, not only as a result of often traumatic experiences en route from Venezuela to the Southern Cone, but also due to the pandemic.⁷¹¹ According to the JNA, this situation is aggravated by isolation and unfavorable economic consequences for refugees and migrants, coupled with limited access to mental and psychosocial health services.⁷¹² There are also unmet needs in the fields of sexual and reproductive health, and maternal and child healthcare.⁷¹³

RESPONSE STRATEGY

The three Health Sector response priorities in all four Southern Cone countries are:

- Support compliance with COVID-19 health measures by providing direct support to health authorities in border areas to ensure availability of tests and coverage of related costs; disseminate information and make available means to comply with quarantines; facilitate access to vaccination against COVID-19 for refugees and migrants from Venezuela

[700] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[701] IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>

[702] IOM, DTM Uruguay, 2021: <https://dtm.iom.int/uruguay>

[703] Instituto Nacional de Estadística y Censos (INDEC), Argentina, September 2021: <https://www.indec.gob.ar/indec/web/Nivel4-Tema-3-5-31>

[704] FAO, Panorama of Food and Nutrition Security in Latin America and the Caribbean, 2020: <https://www.fao.org/americas/publicaciones-audio-video/panorama/2020/es/>

[705] A government-implemented economic benefit to protect vulnerable Argentine families during the COVID-19 pandemic. See <https://www.anses.gob.ar/informacion/ingreso-familiar-de-emergencia>

[706] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[707] Ibid. For example, 53 per cent of Venezuelans surveyed in Bolivia indicated they had made their trip with their family group. See also IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

[708] IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

[709] IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>

[710] R4V partners in countries of the Southern Cone have accompanied refugees and migrants from Venezuela to health centres after experiencing discrimination so that they can be effectively cared for. JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>. In Argentina, 9 per cent of Venezuelans surveyed stated having suffered abuse or discrimination in a health centre. RIOSP-CONICET, ENMA, 2021.

[711] Research indicates increased stress and anxiety levels due to the COVID-19 pandemic. See, e.g., UNICEF, Estado Mundial de la Infancia, 2021: <https://dds.cepal.org/redesoc/publicacion?id=5535>

[712] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[713] Ibid.

in irregular situations; trace infected cases; and disseminate information about national COVID-19 vaccination plans.

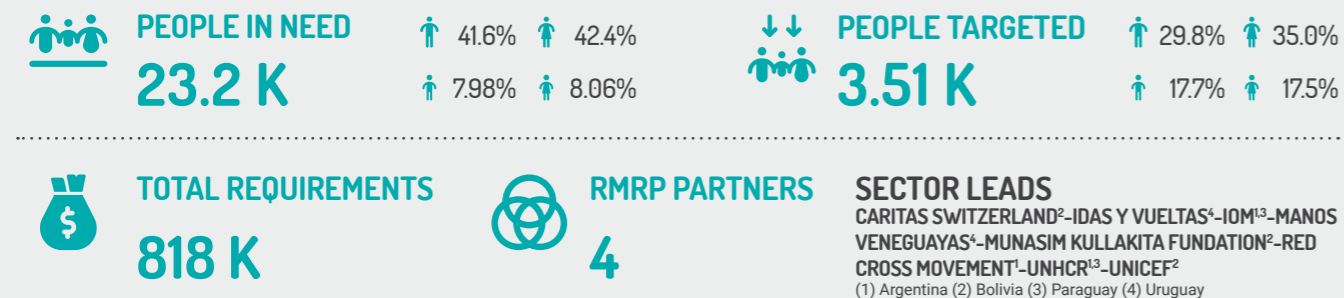
- Circulate at all levels – including to refugees and migrants, service providers, government actors and civil society organizations – information on refugees’ and migrants’ rights to access healthcare and the organization of national health systems to strengthen non-discrimination and culturally-sensitive service provision.
- Improve collaboration between government institutions and private organizations that provide healthcare services by establishing and expanding referral networks.

In all four countries of the Southern Cone, partners will provide direct healthcare to refugees and migrants from Venezuela, prioritizing persons with specific needs, such as people with chronic diseases, pregnant women, children and the elderly. In addition to providing primary healthcare and general care services, partners in Bolivia and Paraguay will coordinate with health centres, to support payments for medicines, exams,

treatments and surgeries. Partners will also support health facilities with medical equipment and medications, as well as through advocacy and capacity-building with authorities and civil society.

The Health Sector response will be comprehensive and coordinated both with R4V partners and other key actors working on health-related services. Constant communication with partners from the Food Security, WASH, Shelter and Humanitarian Transportation Sectors will be key to meet the needs of refugees and migrants. Inter-sectoral activities include support for temporary shelter, promoting adequate measures for quarantine compliance, and providing access to food, WASH services and humanitarian transportation for those with special health needs. Partners of the Sector will closely liaise with the Protection Sector and GBV and Human Trafficking and Smuggling Sub-sectors regarding psychosocial care for survivors of violence – including GBV – and victims of human trafficking.

HUMANITARIAN TRANSPORTATION



PRIORITY NEEDS

According to the JNA,⁷¹⁴ refugees and migrants face challenges accessing safe and reliable transportation for internal mobility across Bolivia and Paraguay and, to a lesser extent, from border areas of Argentina and Uruguay to urban areas, especially Buenos Aires and Montevideo.⁷¹⁵ Complications are exacerbated when refugees and migrants from Venezuela lack information about safe transportation.⁷¹⁶ In addition, travel routes and modes of transportation – primarily walking, known as *caminantes* – pose dangers to the health and security of refugees and migrants in the Southern Cone: by August 2021, eleven Venezuelans had died this year while attempting to walk from Bolivia to the border with Chile.⁷¹⁷

In Bolivia, the high costs of transportation cause many refugees and migrants from Venezuela in vulnerable situations to resort to non-authorized means of transport, with related safety and security risks, including discrimination, extortion, smuggling and human trafficking.⁷¹⁸ Official transportation providers in Desaguadero reportedly refuse to transport refugees and migrants from Venezuela in irregular situations due to fear of being fined excessively by border or law enforcement officials.⁷¹⁹ Meanwhile, refugees and migrants in an irregular situation can be extorted by unofficial transportation providers and smugglers who threaten to turn them over to the authorities, which can lead to situations of human trafficking.⁷²⁰

[714] Ibid.
 [715] In Paraguay, 20 per cent of Venezuelans surveyed had encountered a problem with their or a family member’s mobility. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>
 [716] Human Rights Center, University Andrés Bello of Caracas, Back and Forth Walkers: The Flow of Venezuelan walking migrants across the continent in pandemic times, 2021: <https://www.migrationportal.org/resource/report-back-forth-walkers-flow-venezuelan-walking-migrants-across-continent-pandemic-times/>
 [717] See, e.g. Muere otro venezolano en cruce fronterizo entre Bolivia y Chile en medio de aumento migratorio, France 24, 23 August 2021: <https://www.france24.com/es/minuto-a-minuto/20210823-muere-otro-venezolano-en-cruce-fronterizo-entre-bolivia-y-chile-en-medio-de-aumento-migratorio>
 [718] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>
 [719] Ibid.
 [720] Ibid.

RESPONSE STRATEGY

In response, Humanitarian Transportation Sector partners will carry out activities in all four countries of the Southern Cone, prioritizing:

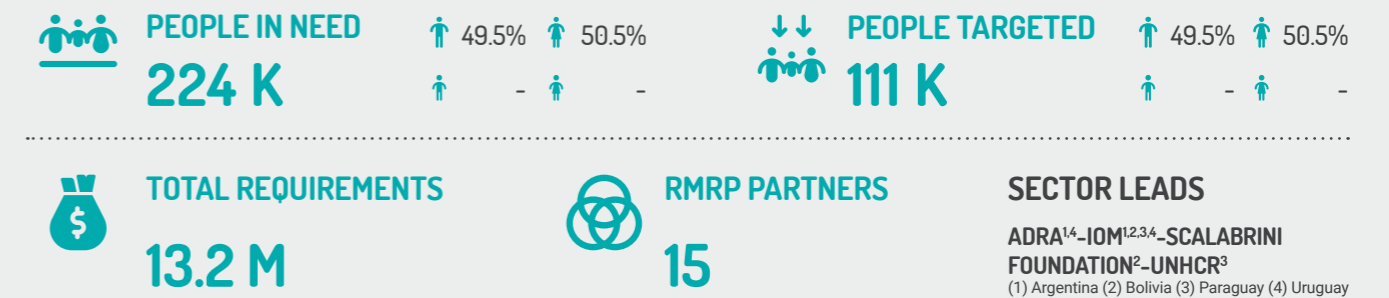
- Facilitating the humanitarian transportation of the most vulnerable refugees and migrants from Venezuela, from border points to urban centres within their countries of transit or destination.
- Providing humanitarian transportation assistance in a safe, humane and dignified manner.
- Distributing information at key border points along main travel routes to prevent refugees and migrants from falling victim to extortion and from taking insecure means of transportation.

Partners will facilitate the long-distance internal transfer of refugees and migrants from Venezuela, prioritizing those in

situations of vulnerability, from border areas to urban centres. This will be done primarily through cash and voucher assistance (CVA) but also through in-kind transportation support. CVA will also be provided to support local, short-distance, metropolitan transportation for refugees and migrants to attend migratory or asylum-related appointments and access employment opportunities.

The Humanitarian Transportation Sector will coordinate closely with the Human Trafficking and Smuggling Sub-sector, due to the risk of human trafficking and smuggling faced by those without safe transport options, as well as with the Protection Sector in order to mitigate jointly the difficulties associated with a lack of documentation. Communication with the other sectors in the Basic Needs Multi-Sector Working Group – Food Security, Nutrition, Shelter, and WASH – will also be crucial so that essential supplies can be provided to the most vulnerable persons.

INTEGRATION



PRIORITY NEEDS

Unemployment, underemployment and precarious employment situations, particularly in the informal sector,⁷²¹ are still more prevalent than during pre-COVID-19-pandemic levels, and disproportionately affect the Venezuelan population.⁷²² Even as physical distancing and travel restrictions are gradually lifted, structural difficulties in accessing the formal labour market⁷²³ continue to undermine refugees’ and migrants’ capacities to earn income and meet their basic needs.

Waiting times for documentation, regularization and asylum procedures have also increased since the onset of the pandemic, leading to a postponement of refugees’ and migrants’ regularization or the failure to regularize at all,⁷²⁴ with the lack of documentation hindering access to the formal market and increasing informal employment.⁷²⁵

A significant number of refugees and migrants from Venezuela who arrive to Southern Cone countries with insufficient savings cannot meet their basic needs while looking for work in the formal market.⁷²⁶ This situation pushes them towards the

[721] In Bolivia, 52 per cent of Venezuelans interviewed were working in the informal sector, and 58 per cent of this group worked in the street selling goods. IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>. In Argentina, 59 per cent of working Venezuelans were not formally registered as employees. RIOSP-CONICET, ENMA, 2021. In Paraguay, 58 per cent of Venezuelans interviewed were working in the informal sector. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>
 [722] See JNA Southern Cone, 2021 and information on Venezuelan unemployment rates compared to host countries (introduction): <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>
 [723] The national integration or employment policies or programs that include the Venezuelan migrant and refugee population in countries of the Southern Cone are limited. This situation relates to a lack of job opportunities, lack of access to technical and professional training programs, as well as financing for ventures. JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>
 [724] Ibid. Waiting times for regularization are very long, with often unattainable documentation requirements, leading many Venezuelans to desist from the process. For example, in Bolivia, 68 per cent of Venezuelans interviewed were in an irregular situation, and 11.2 per cent of those had received a deportation notification. IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>
 [725] Self-employment is linked to difficult conditions to access the formal market, and insufficient income. JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>
 [726] In Bolivia, 42 per cent of Venezuelans surveyed said they could not find a job. IOM, DTM Bolivia, 2021. In Paraguay, 36 per cent of Venezuelans surveyed reported that their incomes were insufficient to cover basic needs. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/reports/paraguay-%E2%80%94-flujo-de-migraci%C3%B3n-venezolana-ronda-4-mayo-junio-2021>

informal market and puts them at greater risk of vulnerability in low- and middle-income sectors of employment.⁷²⁷ Reliance on informal jobs, largely due to their irregular situation, results in the increased likelihood of refugees and migrants from Venezuela falling victim to extortion and labour exploitation.⁷²⁸

Low levels of financial inclusion of refugees and migrants from Venezuela also limit their possibilities of self-employment and financial security. The JNA found that this was the result of limited available information, not only about financial inclusion – including business and personal financing – but also on national labour laws, public social protection programmes, technical and professional training, and employment access.⁷²⁹

RESPONSE STRATEGY

Integration Sector activities in all four countries of the sub-region will target a total of 110,715 Venezuelans to receive support in the areas of:

- Employment (inclusion in job offer databases, technical training, strengthening of public institutions that support job placements, raising awareness among the private sector, agreements with chambers of commerce, etc.);
- Self-employment (providing and accessing microcredits, subsidies, training, consolidation of networks and e-commerce); and
- Financial inclusion (training refugees and migrants on financial tools, facilitating access to bank accounts and virtual wallets, removing legal obstacles to access credit, etc.).

The needs of single-parent households – particularly female-headed households – will be given particular attention, with the aim to support parents with childcare so as to facilitate their income-generation prospects.

Integration Sector partners in the Southern Cone will advocate with governments, private sector and civil society organizations for refugees' and migrants' inclusion in local socio-economic recovery plans, programmes on labour and financial inclusion, technical professional trainings, and certification programmes, among others, and will provide technical assistance, including studies on local labour demands, to inform R4V partners' and future response planning.

Direct assistance will include the dissemination of information and advice on legal frameworks and other key topics for accessing livelihood opportunities; providing or referring refugees and migrants to training on labour insertion and creation and/or consolidation of small businesses; support and monitoring for Venezuelans' insertion to the formal labour market; delivery of seed capital or subsidies to support and strengthen microenterprises; and meetings and events to promote community cohesion and peaceful coexistence.

Priority needs of the Integration Sector are linked to concerns identified by the Protection Sector, such as lack of documentation, which will necessitate a coordinated and complementary response between the Sectors to optimize use of resources. Additionally, the Integration Sector will coordinate with the Education Sector on harmonized strategies for certification of foreign academic and professional credentials, to improve access to employment.

NUTRITION



PEOPLE IN NEED

3.76 K

↑ 44.0% ↓ 39.9%

↑ 8.62% ↓ 7.45%



PEOPLE TARGETED

2.98 K

↑ 45.2% ↓ 38.8%

↑ 8.60% ↓ 7.42%



TOTAL REQUIREMENTS

153 K



RMRP PARTNERS

1

SECTOR LEADS

UNICEF

PRIORITY NEEDS

Malnutrition in the sub-region is prevalent, including among host communities, as well as refugee and migrant households: in Argentina, 42.1 per cent of all children and adolescents who attend food kitchens suffer from acute malnutrition,⁷³⁰ and 47 per cent of municipalities in Bolivia are in categories of high vulnerability for food access.⁷³¹ Due to the socio-economic impact of the COVID-19 pandemic in countries in the Southern Cone, Venezuelan households' abilities to meet their nutritional needs have been further hampered, particularly in Bolivia, where even pre-pandemic among host communities, two out of ten children under five years old suffer from acute malnutrition.⁷³²

According to the JNA, during transit on foot through countries of the Southern Cone, refugees and migrants from Venezuela are faced with limited access to safe drinking water, food, health and nutrition services, and unhygienic environments that lead to reduced dietary intake and increased risk of infections, overall leading to malnutrition and an increased risk of death.⁷³³ Infants, children under the age of five, and pregnant and lactating women are amongst the most vulnerable groups and face high risks of malnutrition, infection, and death.⁷³⁴ Child malnutrition in refugee and migrant households is also fuelled by a mostly carbohydrate-based diet that does not include nutrient-rich foods.⁷³⁵

RESPONSE STRATEGY

The Nutrition Sector response in the Southern Cone will particularly focus on Bolivia and will aim to:

- Provide nutritional counseling for parents and caregivers of children under the age of two focused on breastfeeding and complementary feeding.

- Provide nutritional supplementation and complementary feeding for children under five years of age.
- Analyze the nutritional situation of vulnerable groups, including infants, children under the age of five, and pregnant and lactating women.

Nutrition Sector partners in Bolivia will carry out an analysis of the nutritional situation of refugee and migrant young children from Venezuela in temporary reception centres in cities such as Cochabamba, La Paz and Santa Cruz. Partners will undertake activities which promote breastfeeding, targeting pregnant and lactating women with children under two years of age. Partners will also offer nutrition assistance by providing nutritional supplements to children under five years of age, specifically complementary food, vitamin A and other micronutrients.

The Nutrition and Food Security Sectors, as well as the Shelter, Humanitarian Transportation and WASH Sectors, are part of the Basic Needs Multi-Sector Working Group in the Southern Cone, where partners coordinate intersectorally on related activities. In particular, as there is low inclusion of refugees and migrants from Venezuela in national food assistance programmes, mainly due to their irregularity and lack of documentation, the Food Security and Nutrition Sectors will coordinate closely with the Protection Sector, to advocate for refugees' and migrants' access to documentation, especially for the most vulnerable people and recent arrivals to the country without financial resources.

[727] Regularizing their asylum or migratory situation and later finding a job in the formal sector implies a long waiting period that, with limited savings, makes integration difficult. JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[728] In Bolivia, 41.8 per cent of Venezuelans interviewed had carried out work without receiving the agreed payment. The same survey found that 10 per cent of Venezuelans have been unable to work due to discrimination at the workplace. DTM Bolivia, IOM, 2021: <https://dtm.iom.int/bolivia>

[729] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[730] Institute for Social, Economic and Citizen Policy Research, Argentina, April 2021: <https://isepci.org.ar/crecio-la-malnutricion-en-argentina/>

[731] WFP, Integrated context analysis of food security in Bolivia, 2020: <https://es.wfp.org/publicaciones/analisis-integrado-de-contexto-de-la-seguridad-alimentaria-en-bolivia-ica-bolivia>

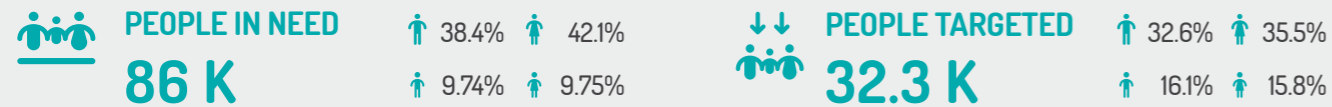
[732] INE, Estudio Temático de la Niñez y de las Mujeres en Bolivia, 2016: <https://www.ine.gob.bo/index.php/publicaciones/estudio-tematico-de-nutricion-de-la-ninez-y-de-las-mujeres-en-bolivia/>

[733] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021> See also, e.g., ACAPS, The *Caminantes*: needs and vulnerabilities of Venezuelan refugees and migrants travelling on foot, 2021: https://reliefweb.int/sites/reliefweb.int/files/resources/20210121_acaps_thematic_report_caminantes_in_colombia_and_venezuela.pdf

[734] See Nutrition Sector Chapter, RMRP 2022.

[735] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

PROTECTION



SECTOR LEADS
CAREF¹-CARITAS BOLIVIA²-IOM³-
UNICEF⁴-UNHCR^{1,2,3,4}-WV²
(1) Argentina (2) Bolivia (3) Paraguay (4) Uruguay

PRIORITY NEEDS

More than 200,000 Venezuelans in the sub-region have received a residence permit under a range of categories (being a national of a member state of MERCOSUR, migrant worker, student, family reunification or humanitarian reasons, among others) or are awaiting a decision on a residence permit request, while 6,232 have been recognized as refugees or are waiting for a decision on their asylum claims.⁷³⁶

After receiving a positive decision on a residence permit or asylum claim, Venezuelans can apply for a national identity document. While in Uruguay this has led to rather seamless issuance of such documentation, in Bolivia, Paraguay and Argentina, delays (largely attributable to suspensions of mechanisms during the COVID-19 pandemic), costs and administrative requirements have all represented obstacles for obtaining documentation.⁷³⁷

Against this backdrop, in a sub-region where irregularity was not a predominant issue in previous years, for 2022 the number of Venezuelans in irregular situations is expected to grow, particularly those living or transiting through Bolivia,⁷³⁸ in border areas of Argentina and, to a lesser extent, Uruguay⁷³⁹ and Paraguay.⁷⁴⁰ This is due in large part to ongoing border closures and entry requirements that Venezuelans have difficulties meeting, including COVID-19 tests and/or vaccination certificates. Displacement in conditions of irregularity, insecurity and/or lacking adequate services has generated diverse protection risks, including exploitation, abuse, gender-based violence (GBV), health risks and food insecurity, including for children, adolescents and women.

RESPONSE STRATEGY

Given this context, Protection Sector partners will focus on the following response priorities throughout the sub-region:

- Facilitating access to regularization and/or international protection and refugee status determination (RSD), to obtain legal status and documentation that allows refugees and migrants from Venezuela to enjoy basic rights and to facilitate their integration.
- Improving border monitoring to identify gaps in asylum and migratory procedures and to understand differentiated protection needs (especially for UASC, pregnant women, and the elderly) and support authorities and host communities to improve reception and response capacities. These activities will be focused on Oruro, Potosí, La Paz, Pando and Tarija in Bolivia; Riviera and Chuy in Uruguay; Jujuy, Salta, Mendoza and Misiones in Argentina; and Itapúa and Alto Parana in Paraguay.
- Strengthening the protection capacities of partners, especially refugee- and migrant-led organizations, and state actors, through capacity-building and technical support.
- Providing direct assistance to refugees and migrants from Venezuela, including through strengthening and/or establishing new protection spaces and specialized services, and providing orientation and legal advice. These activities will be carried out mainly in urban areas (including Buenos Aires, Montevideo, Asuncion, La Paz, and Santa Cruz).

R4V partners will support the capacities of government actors (i.e. National Migration Directorates and National Refugee Commissions or CONAREs) through in-kind support such as infrastructure, equipment and additional staff, as well as through technical support, including training and legal advice, with a goal to expedite asylum resolutions and residency requests. Partners will advocate with authorities and Ombudspersons' Offices to improve due process considerations.

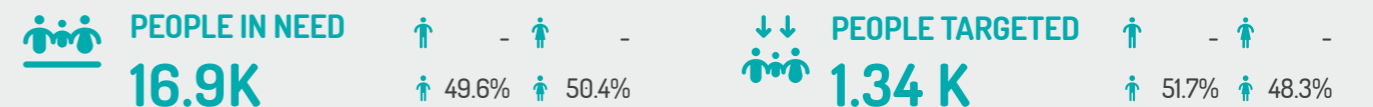
Partners will also provide direct assistance to refugees and migrants from Venezuela, through legal and psychosocial assistance, and referrals to specialized services, including support for family reunification; child protection; and services

for survivors of GBV and victims of human trafficking. The Sector will strengthen and reinforce Support Spaces that provide these and other services, by expanding and improving infrastructure, equipment, staffing and training.

Finally, the age, gender and diversity of the refugee and migrant population will be considered across all interventions, to ensure that differentiated responses are provided to meet the needs of people with special protection needs, including women and girls, the elderly, persons with specific needs, and LGBTQI+ persons.

Since regularization and access to documentation are foundational requirements to access many other rights and services, such as health services, accommodation, transportation, and education, the Protection Sector will strengthen its joint work particularly with the Health, Shelter, Humanitarian Transportation and Education Sectors.

CHILD PROTECTION



SECTOR LEADS
CAREF¹-CARITAS BOLIVIA²-IOM³-
UNICEF⁴-UNHCR^{1,2,3,4}-WV²
(1) Argentina (2) Bolivia (3) Paraguay (4) Uruguay

PRIORITY NEEDS

For refugee and migrant children and adolescents from Venezuela, the priority needs identified in the sub-region include particular protection risks faced in border areas of the four countries (especially in Bolivia and Argentina) and the obstacles (often linked to lack of documentation) for children to exercise their rights to education and healthcare. For example, in Bolivia, refugee and migrant children without valid national documentation cannot enroll in the public education system.⁷⁴¹

In border areas, unaccompanied and separated children (UASC) and families who have been separated have not received the level of support required to address the special protection needs of children and adolescents. In Bolivia, most of the 43 per cent of Venezuelans who reported having entered the country irregularly were travelling with children (60 per cent) and 27 per cent of those surveyed whose children were born in Bolivia did not have birth certificates.⁷⁴² Likewise, for many months in 2021, an estimated 2,000 to 3,000 refugee and migrant children from Venezuela in Argentina with no valid Venezuelan passport or identity documents remained in a situation of legal limbo, with no possibility to regularize their situation either there or in another country.⁷⁴³ Although the government has advanced with these children's regularization, there are still uncertainties about the legal framework to be applied, the kind of residences to be obtained and, particularly, about the response to be given to new arrivals of refugee and migrant children from Venezuela in similar situations.

RESPONSE STRATEGY

In 2022, Child Protection Sub-sector partners will engage in advocacy together with key stakeholders, such as Public Defense, Ombudspersons' Offices, specialized agencies and local governments, with the aim of strengthening the protection framework available for refugee and migrant children and adolescents from Venezuela. A key focus will be to address normative and procedural frameworks that are at variance with international standards, and to promote the provision of specialized child protection services during migratory and asylum procedures, particularly those focusing on UASC.

Partners will provide direct services to children and adolescents identified in vulnerable situations at borders, particularly through legal advice and orientation, psycho-social support and development and/or strengthening of safe spaces based on special needs, particularly recreational and educational areas within Support Spaces.

In order to implement this response strategy, the Sub-sector will provide training for personnel from state institutions, at the local and national levels. Advocacy and strengthening of child protection networks among partners, specialized institutions and other key stakeholders will be a key tool for partners of the Sub-sector.

As access to documentation is a foundational requirement for children to exercise many other rights, including rights to

[736] See [R4V.info](#) for regularly updated figures.

[737] In Argentina, 44 per cent of Venezuelans surveyed who had been in the country for less than two years did not have a National Identity Document, and 33 per cent had faced obstacles to regularize. RIOSP-CONICET, ENMA, 2021. In Paraguay, 38 per cent of Venezuelans already recognized as refugees do not have a valid national ID. UNHCR, HFS Paraguay, 2021.

[738] In Bolivia, the migration regularization process put forward in of August 2021 provides for the eventual provision of documents, but at costs that may be prohibitive for many refugees and migrants. See <https://bolivia.infoleyes.com/norma/7689/decreto-supremo-4576>

[739] IOM and UNICEF, DTM Uruguay, Round 4, 2021.

[740] Since the beginning of the COVID-19 pandemic, most borders of the sub-region were closed and states did not make humanitarian exceptions for entry (except Uruguay and Paraguay).

[741] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

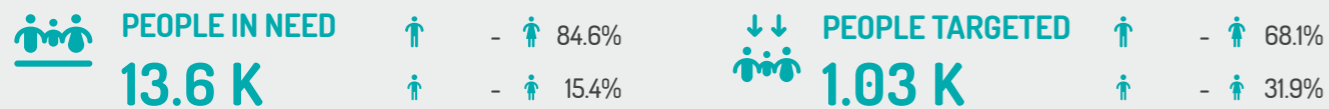
[742] IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

[743] CAREF, Familias entre fronteras: niñez venezolana en Argentina: regularización en suspenso, 2021: <https://www.caref.org.ar/publicaciones>

access education and healthcare, the Sub-sector in 2022 will strengthen its joint advocacy with the Education and Health Sectors. The Sub-sector will also work with the Shelter, WASH and Food Security Sectors so that the special needs of

refugee and migrant children from Venezuela are taken into consideration, for instance, when providing safe and dignified temporary housing to children in transit, appropriate food and hygiene kits.

GENDER-BASED VIOLENCE (GBV)



PRIORITY NEEDS

In line with trends observed throughout the region,⁷⁴⁴ there has been an increase in GBV against women, girls and LGBTQI+ people in the four countries of the sub-region,⁷⁴⁵ linked to the isolation and quarantine measures implemented to prevent the spread of COVID-19.

Weakened social support networks and difficulties with denouncing violent situations in times of physical distancing have further increased victims' vulnerability, particularly for those whose livelihoods opportunities were reduced, and even more so for those who are in irregular situations, which is particularly prevalent in Bolivia.

Furthermore, refugees and migrants from Venezuela who are also members of the LGBTQI+ community suffer additional patterns of discrimination while in-transit and in-destination, particularly in their interactions with security forces and in health services.⁷⁴⁶

RESPONSE STRATEGY

Given this situation, the GBV Sub-sector's three priority response areas for 2022 in the Southern Cone are:

- Increasing information and awareness-raising activities and campaigns aimed at preventing GBV against refugees and migrants from Venezuela.
- Strengthening the infrastructure of Support Spaces to facilitate GBV prevention and response, and increasing staffing capacities, as well as ensuring the continuity of

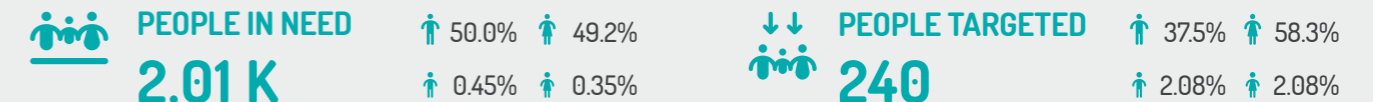
psychosocial, health and legal support provided, including through Women's Circles, Orientation and Integration Centres, Orientation and Advice Points (PAOs), etc.

- Developing and/or consolidating networks of institutional actors and civil society groups with spaces or services dedicated to women's and girls' protection at national levels (Women's Centres, Ministry of Women and Diversities in Argentina, Women's Service in Bolivia and Women's Secretariat in Paraguay, among others) and sub-national levels (women's affairs divisions, local justice services, etc.)

The Sub-sector will provide training for personnel from public institutions (including security forces, National Migration Directorates or DNMs, CONAREs, and counterparts at health and education authorities, among others) and consolidate coordination spaces. Survivors of GBV will receive direct support from partners, including through psychosocial and legal assistance. Partners will also supplement specialized staff and reinforce infrastructure and equipment in Support Spaces.

The GBV Sub-sector will strengthen its collaboration with all other Sectors of the Southern Cone Sub-regional Platform to create and implement unified risk prevention, response and mitigation strategies. More specifically, activities will be coordinated with the Shelter and WASH Sectors so that GBV survivors' needs for safe and dignified temporary housing and hygiene kits are addressed, and with the Health Sector for access to lifesaving care and psychosocial assistance.

HUMAN TRAFFICKING AND SMUGGLING



PRIORITY NEEDS

Border closures have led to an increase in smuggling and human trafficking in the sub-region,⁷⁴⁷ particularly in the corridor between Bolivia from Peru, and onwards to Chile⁷⁴⁸ and Argentina. Extreme high-altitude conditions, among other harsh natural features of the area, combined with little to no presence of host communities, and insufficient means of safe transportation have created conditions conducive for smugglers and human traffickers across the departments of Pando, La Paz, Potosí, Tarija, El Beni and Oruro along the route crossing Bolivia: 35 per cent of refugees and migrants from Venezuela surveyed in Bolivia had received proposals to cross borders irregularly.⁷⁴⁹

Normative and practical barriers to enter Chile and Argentina – including a lack of exceptions to border closures for asylum-seekers, family reunification or other humanitarian grounds⁷⁵⁰ – make it necessary for refugees and migrants from Venezuela to resort to smugglers to cross borders, paying at times significant amounts of money and risking fraud and abuse of their vulnerability, including conditions that can turn into situations of human trafficking. Lack of timely and accurate information on the requirements to enter Argentina and Chile and to legally stay in Bolivia, as well as information on the right to seek asylum, is one of the causes of Venezuelans arriving in particularly vulnerable situations, including after being deceived and defrauded by smugglers, or falling victim to human traffickers.

RESPONSE STRATEGY

Given these challenges, the three main response priorities for the Sub-sector are:

- Strengthening coordination with and enhancing the capacities of authorities and other key partners in border

areas, in order to identify, refer and respond to cases of smuggling and human trafficking, in particular in Bolivia and the north of Argentina and Uruguay.

- Expanding the presence of R4V partners along land routes, to disseminate accurate information about safe transport and requirements to enter and stay in different countries of final destination, in coordination with local authorities.
- Strengthen the provision of direct assistance to victims of trafficking and those who have experienced abuse, extortion and/or violence by smugglers.

Sub-sector partners will provide training and capacity-support for personnel from public institutions (DNMs, CONAREs, security forces, justice system officials, etc.) in key transit areas, and engage in advocacy and strengthening of networks – including of institutional actors at local and national levels – with the aim of developing and/or consolidating coordination protocols in border areas. Partners will also provide direct assistance to victims of trafficking and those who have experienced abuse and/or violence by smugglers, in the form of psychosocial support, CVA, legal advice and referral to specialized services, as well as strengthening and reinforcing Support Spaces in terms of infrastructure, equipment, staffing and training activities to address specific needs of vulnerable groups.

In addition to joint work with all Sectors to create and implement inter-sectoral risk prevention and response strategies, the Sub-sector will work closely with the Humanitarian Transportation Sector to provide alternatives to irregular movements, as well as the Shelter and WASH Sectors, so that specific needs of refugees and migrants in vulnerable situations are identified and taken into consideration, for instance, when providing safe and dignified temporary shelter and hygiene kits. Partners will also work closely with the Health Sector to improve access to medical care and psychosocial assistance for victims of trafficking.

[744] UN Women, La Pandemia en la Sombra: violencia contra las mujeres en el contexto del COVID-19, 2021: <https://www.unwomen.org/es/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

[745] For example, in Argentina, the UN Country Common Assessment found that, according to official data, femicides increased 37.5 per cent after the initiation of quarantine measures, and calls to the national emergency hotline increased 68 per cent. UN Country Team in Argentina, Actualización del Análisis Conjunto de País de Argentina, p. 78-29, 2021: <https://argentina.un.org/sites/default/files/2021-09/Informe%20CCA%202021%20Argentina.pdf>

[746] For example, 4.3 per cent of surveyed refugees and migrants from Venezuela in Paraguay had suffered discrimination based on their sexual orientation, while this percentage reached 1.7 in Argentina and 1.2 in Uruguay. UNHCR, HFS, 2021.

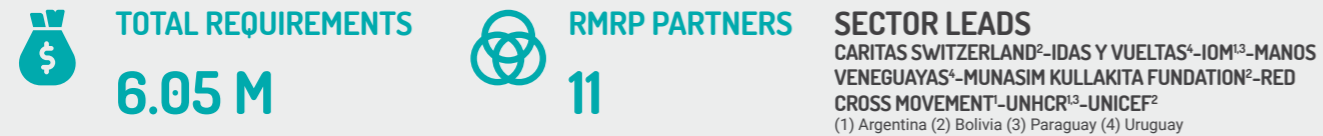
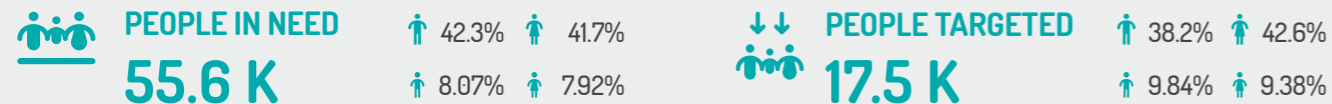
[747] This is a trend throughout South America, as highlighted by a UNODC report, where survey and interview respondents in various countries in South America reported increases in the number of Venezuelans trafficked in their countries. "[I]n the Latin American region, traffickers have increasingly targeted vulnerable Venezuelan [refugees and] migrants, particularly young girls, since the start of the pandemic." UNODC, The effects of the COVID-19 pandemic on trafficking in persons and responses to the challenges, p. 27, 2021: https://www.unodc.org/documents/human-trafficking/2021/The_effects_of_the_COVID-19_pandemic_on_trafficking_in_persons.pdf

[748] The cost to move irregularly as a refugee or migrant from Pisiga in Bolivia to Colchane or Iquique in Chile – by paying smugglers – is reported to reach USD 70. AFP, Centenares de venezolanos cruzan de Bolivia a Chile pese a amenazas de deportación, 23 Sept 2021: <https://www.france24.com/es/minuto-a-minuto/20210923-centenares-de-venezolanos-cruzan-de-bolivia-a-chile-pese-a-amenazas-de-deportacion-C3%83n>

[749] IOM, DTM Bolivia, 2021: <https://dtm.iom.int/bolivia>

[750] More info available at: https://im.unhcr.org/covid19_platform/

SHELTER



PRIORITY NEEDS

Refugees and migrants from Venezuela in each of the four countries of the Southern Cone lack regular access to safe shelter. This is particularly the case for those requiring temporary accommodation in border areas and main urban areas that lack collective shelter capacity or access to rented accommodations, as the latter are often unaffordable or inaccessible due to landlords' requirements.⁷⁵¹ Refugees and migrants from Venezuela have had greater difficulties with housing in the face of the COVID-19 crisis, including some who have suffered evictions and homelessness, or were at risk of eviction.⁷⁵²

Moreover, according to the JNA, refugees and migrants from Venezuela across the sub-region report difficulties finding mid- or long-term shelter, as the economic consequences of the pandemic have resulted in instability and worsened access to accommodations (with high costs, rental guarantees and administrative limitations for formal contracts), especially in Montevideo and Buenos Aires.⁷⁵³ For example, in Argentina, a study interviewing over 900 Venezuelan households found that 31 per cent were renting informally.⁷⁵⁴ Many refugees and migrants from Venezuela with limited economic resources stay in collective dwellings in precarious and sometimes overcrowded conditions.⁷⁵⁵

RESPONSE STRATEGY

Given this context, Shelter Sector partners' response in 2022 will focus on:

- Improving access to temporary collective and individual accommodation, particularly in border areas of Bolivia (Pisiga and Desaguadero) and Argentina (La Quiaca), to

achieve minimum standards of safe and dignified shelter, and to support the transition towards more durable solutions.

- Strengthen capacities of institutions, civil society, and inter-organizational coordination to implement joint strategies that facilitate access to shelter in the short, medium and long-term.
- Increase awareness of rights and opportunities concerning shelter among refugees and migrants from Venezuela to increase self-sufficiency.

Partners' activities will prioritize people with special protection needs such as children, the elderly, pregnant women, people with disabilities, people with chronic diseases, and the LGBTQI+ population, among others.

Partners will increase shelter capacities in border areas and improve existing conditions through the enhancement of infrastructure and spatial capacity in shelters and reception centres. In-kind support will be provided directly to refugees and migrants from Venezuela in vulnerable situations, through the distribution of essential household item kits in urban and border areas. Partners will also provide support through cash transfers (CVA) for short-term housing solutions, while in areas where cash assistance is not adequate, in-kind support will be provided. Partners will provide intercultural training and capacity-building to government officials and civil society organizations to strengthen their attention to refugees and migrants. Partners will also carry out sensitization activities to raise refugees' and migrants' awareness of their right to adequate shelter, prevention of evictions and livelihoods as durable solutions.

Shelter, Food Security, Humanitarian Transportation and WASH form part of the Basic Needs Multi-Sector Working Group in the Southern Cone, where partners coordinate in an integrated

[751] For example, in Argentina, 80 per cent of Venezuelans interviewed faced problems accessing shelter due to high costs/rents (65 per cent) and/or an inability to meet landlords' requirements (48 per cent), which included proof of income, security deposits, references or sufficient time in the country. RIOSP-CONICET, ENMA, 2021.

[752] In Paraguay, 52 per cent of Venezuelan surveyed had difficulties with housing due to COVID-19, 39 per cent had to move to cheaper housing, 5 per cent had to start sharing housing costs with others, 3 per cent suffered involuntary eviction or removal from their home, another 3 per cent reported moving to the home of an acquaintance and 2 per cent remained homeless. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/paraguay>. In Argentina, 10 per cent of Venezuelans surveyed had difficulties with housing due to eviction or threats of eviction during the pandemic. RIOSP-CONICET, ENMA, 2021.

[753] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

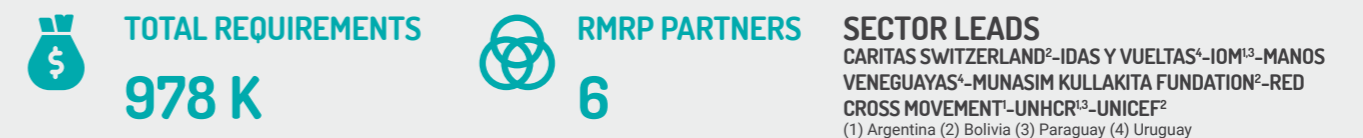
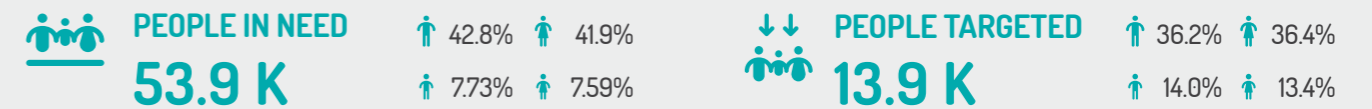
[754] RIOSP-CONICET, ENMA, 2021.

[755] In Paraguay, 52 per cent of Venezuelans surveyed had difficulty with housing due to the COVID-19 crisis, 39 per cent had to move to a cheaper home and 5 per cent had to start sharing housing costs with others. IOM, DTM Paraguay, 2021: <https://dtm.iom.int/paraguay>. In Uruguay, as a result of the COVID-19 pandemic, 17 per cent of Venezuelans interviewed had to move to cheaper housing and 9 per cent had to start sharing housing costs with others. IOM, DTM Uruguay, 2021: <https://dtm.iom.int/uruguay>.

manner on related activities. For 2022, communication through the Basic Needs Multi-Sector Working Group will be essential to identify priority cases that require immediate interventions

to coordinate short- and medium-term shelter solutions, as well as to work jointly with the Integration Sector to increase refugees' and migrants' livelihoods opportunities.

WASH



PRIORITY NEEDS

In urban areas of Argentina, Bolivia and Paraguay, a significant number of refugees and migrants from Venezuela reside in group accommodations such as hostels or shared rooms, where bathrooms are collective or, in cases of extreme vulnerability, non-existent. For example, in Argentina, a survey of over 900 households of refugees and migrants from Venezuela revealed that 19 per cent lacked sewage service.⁷⁵⁶ In Bolivia, there is a lack of access to basic water, hygiene and sanitation services (WASH), especially in precarious and overcrowded accommodations where refugees and migrants from Venezuela in-transit by foot to Chile and Argentina – known as *caminantes* – are temporarily hosted.⁷⁵⁷

Refugees and migrants also lack access to safe drinking water, especially in countries like Bolivia where tap water is not safe to drink, and Venezuelans are compelled to buy bottled water or, where they lack the economic means, they resort to community taps or draw water from the river or from the rain.⁷⁵⁸ In Argentina, 7.7 per cent of refugees and migrants from Venezuela surveyed did not have access to a drinking water network.⁷⁵⁹ Similarly, access to hygiene facilities is poor overall, as refugees and migrants lack access to handwashing facilities and are therefore unable to comply with minimum personal hygiene standards and COVID-19 preventive measures. Finally, many refugees and migrants from Venezuela have only partial or insufficient access to hygiene items, due to their high costs (diapers for children, menstruation products, among other hygiene and/or personal care products).

RESPONSE STRATEGY

WASH Sector partners will focus on the following response priorities through activities in all four countries of the sub-region:

[756] RIOSP-CONICET, National Migrant Survey of Argentina (ENMA), 2021.

[757] JNA Southern Cone, 2021: <https://www.r4v.info/es/document/evaluacion-conjunta-de-necesidades-capitulo-cono-sur-2021>

[758] Ibid.

[759] RIOSP-CONICET, National Migrant Survey in Argentina (ENMA), 2021.

- Expand coverage and augment the distribution of water, hygiene items and personal care supplies in border areas, such as La Quiaca in Argentina and Pisiga and Desaguadero in Bolivia, in order for those most in-need to have minimum access to WASH supplies.

- Promote alliances between actors in the public and private sectors in order to expand coverage of basic WASH services to reach more refugees and migrants from Venezuela.

The response aims to reach refugees and migrants from Venezuela with direct assistance to improve hygiene supplies and services, including the provision of water, hygiene items and cleaning supplies. Regarding the strengthening of infrastructure, partners will support local interventions of civil society organizations or those of public institutions to improve sanitation services in collective housing, focusing on border areas. R4V partners will train actors on community engagement strategies that work with the target population on WASH issues and seek to promote healthy hygiene habits among refugees and migrants from Venezuela, especially among children and adolescents.

Shelter, Food Security, Humanitarian Transportation and WASH form part of the Basic Needs Multi-Sector Working Group in the Southern Cone. Strengthening this coordination structure will be key to enhancing the conditions of shelters and temporary emergency accommodations in order to offer short-term solutions without duplication of aid for access to water, sanitation and hygiene services. Working with Integration Sector partners will also be fundamental to increase refugees' and migrants' access to livelihoods opportunities.



ANNEXES

ABBREVIATIONS AND ACRONYMS

AAP

Accountability to Affected Populations

ADRA

Adventist Development and Relief Agency International

AGD

Age, Gender and Diversity

APC

Area of Protection and Care

APAFA

Las Asociaciones de Padres de Familia, by its Spanish acronym for parent's association

AVSI

Association of Volunteers in International Service Foundation

BIA

Best Interest Assessments

C4D

Communication for Development

CAM

Central America and Mexico

CBCM

Community-Based Complaint Mechanism

CEPR

Comisión Especial Para Refugiados, Spanish acronym for Special Commission for Refugees in Peru

COE

Comité de Operaciones de Emergencia, Spanish acronym for Emergency Operations Committee

COVID-19

Coronavirus Disease (with virus first detected in 2019)

CoP

Community of Practice

CSOs

Civil Society Organizations

CVA

Cash and Voucher Assistance

CwC

Communicating with Communities

CWG

Cash Working Group

DANE

Departamento Administrativo Nacional de Estadística, Spanish acronym for National Administrative Department of Statistics in Colombia

DPE

Defensoría del Pueblo de Ecuador, Spanish acronym for the Ombudsman's Office in Ecuador

DRC

Danish Refugee Council

DTM

Displacement Tracking Matrix

EJA

Educação de Jovens e Adultos, Spanish acronym for Basic Education for Youth and Adults

ENPOVE

Encuesta dirigida a la población venezolana que reside en el país, Spanish acronym for Survey directed to the Venezuelan population who reside in the country in Peru

FAO

Food and Agriculture Organization

FCS

Food Consumption Score

FTS

Financial Tracking System

PADF

Pan American Development Foundation

GAM

Gender and Age Marker

GBV

Gender-Based Violence

GIFMM

Grupo Interagencial para los Flujos Migratorios Mixtos, Spanish acronym for Interagency Group for Mixed Migration Flows, the National Platform in Colombia

GoP

Government of Peru

GTRM

Grupo de Trabajo sobre Refugiados y Migrantes, Spanish acronym for the National Platforms in Peru and Ecuador

HIAS

Hebrew Immigrant Aid Society

HIV/AIDS

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HLP

Housing, Land and Property

IACHR

Inter-American Commission on Human Rights

IASC

Inter-Agency Standing Committee

ICBF

Instituto Colombiano de Bienestar Familiar, Spanish acronym for Colombian Institute of Family Welfare, Colombia

ID

Identity Document

IDDI

Dominican Institute for Integrated Development

IFRC

International Federation of Red Cross

IOM

International Organization for Migration

IPC

Infection Prevention and Control

INEC()

Instituto Nacional de Estadística (e Informática), Spanish acronym for National Institute of Statistics (and Information) in Chile and Peru

ILO

International Labour Organization

ISCG

Inter-Sector Coordination Group

IYCF

Infant and Young Child Feeding

JNA

Joint Needs Assessment

LAC

Latin America and the Caribbean

LGBTQI+

Lesbian, Gay, Bisexual, Transgender, Queer and Intersex

MERCOSUR

Southern Common Market

MFA

Ministry of Foreign Affairs

MHPSS

Mental Health and Psychosocial Support

MIDIS

Ministry of Development and Social Inclusion

MIMP

Ministry of Women and Vulnerable Populations

MINSA

Ministry of Health

MIRPS

Marco Integral Regional para la Protección y Soluciones, Spanish acronym for the Comprehensive Regional Protection and Solutions Framework

MoD

Ministry of Defense

MoE

Ministry of Education

MPC

Multipurpose Cash

NGO

Non-Governmental Organization

NFI

Non-Food Items

NRC

Norwegian Refugee Council

NURINs

Núcleos Regionais de Interiorização, Portuguese acronym for Regional clusters for relocation

OAS

Organization of American States

PDI

Policía De Investigaciones, Spanish acronym for Police of Chile

PEP

Post-Exposure Prophylaxis

PEP

Permiso Especial de Permanencia, Spanish acronym for Special Stay Permit

PEPFF

Permiso Especial de Permanencia para el Fomento de Formalización, Spanish acronym for Special Stay Permits for the Promotion of Formalization

PiN

People in Need

PNAD

Pesquisa Nacional por Amostragem de Domicílios, Portuguese acronym, National Household Data Survey

PPE

Personal Protective Equipment

PSEA

Prevention of Sexual Exploitation and Abuse

PSS

Psychosocial Support

PTP

Permiso Temporal de Permanencia, Spanish acronym for Temporary Residence Permit in Peru

PTSD

Post-Traumatic Stress Disorder

QR

Quick Response code

RCM

Regional Conference for Migration

RET

Relief & Resilience through Education in Transition

RMRP

Regional Refugee and Migrant Response Plan

RNA

Rapid Needs Assessment

RSD

Refugee Status Determination

R4V

Regional Inter-Agency Coordination Platform for the Response for Refugees and Migrants from Venezuela

SDGs

Sustainable Development Goals

SC

Save the Children International

SEA

Sexual Exploitation and Abuse

SJRM

Serviço Jesuita a Refugiados e Migrantes

SH

Sexual Harassment

SISFOH

Sistema de Focalización de Hogares, Spanish acronym for Household Focalization System

SoM

Smuggling of Migrants

SOP

Standard Operating Procedure

SNM

Superintendencia Nacional de Migraciones, Spanish acronym for Superintendence of Migration

SRH

Sexual and Reproductive Health

STI

Sexually Transmitted Infection

SUS

Sistema Único de Saúde, Portuguese acronym for the Single Health System

SUTRAN

Superintendencia de Transporte Terrestre de Personas, Carga y Mercancías, Spanish acronym for Supervisory Agency for Persons, Cargo and Goods Road Transport in Peru

TiP

Trafficking in Persons

TMF

Tarjeta de Movilidad Fronteriza, Spanish acronym for Border Mobility Card, Colombia

ToT

Training of Trainers

UASC

Unaccompanied and Separated Children

UDELAR

University of the Republic of Uruguay

UGEL

Unidades de Gestión Educativa Locales

UN

United Nations

UNAIDS

United Nations Programme on HIV/AIDS

UNCT

United Nations Country Team

UNDP

United Nations Development Programme

UNESCO

United Nations Educational, Scientific and Cultural Organization

UNFPA

United Nations Population Fund

UNHCR

United Nations High Commissioner for Refugees

UNICEF

United Nations Children's Fund

UNODC

United Nations Office on Drugs and Crime

UN Women

United Nations Entity for Gender Equality and the Empowerment of Women

VCT

Visto Consular de Turismo, Spanish acronym for Consular Tourism Visa

VDR

Visa de Responsabilidad Democrática, acronym in Spanish for Democratic Responsibility Visa

VERHU

Visa de Excepción por Razones Humanitarias, Spanish acronym for exceptional temporary visa for humanitarian reasons

VoT

Victims of Trafficking

VPS

Vicaría de la Pastoral Social Caritas, Spanish acronym for Vicar for Social Pastoral Care

WASH

Water, Sanitation and Hygiene

WG

Working Group

WHO

World Health Organization

WHO/PAHO

World Health Organization/Pan American Health Organization

WFP

World Food Programme

WVI

World Vision International

FINANCIAL REQUIREMENTS BY PLATFORM, SECTOR AND ORGANIZATION

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPC)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Regional	\$1,130,000	\$167,800	\$4,311,623	\$240,000	\$28,348,896	\$493,092	\$340,000	\$3,576,466	\$705,919	\$1,458,820	\$1,921,794	\$5,036,689	\$1,548,208	\$17,536,348	\$66,755,555
ACAPS														\$160,000	\$160,000
Acción contra el Hambre		\$40,000												\$20,000	\$60,000
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)					\$355,194	\$258,194		\$1,420,328	\$90,568	\$88,568		\$316,194		\$4,669,873	\$7,198,919
CARE				\$35,000				\$17,000		\$17,000				\$2,000	\$36,000
Coalición por Venezuela								\$215,000						\$670,000	\$705,000
Consejo Danés para los Refugiados (DRC)								\$246,000				\$397,000		\$250,000	\$465,000
Consejo Noruego para los Refugiados (NRC)														\$110,000	\$753,000
Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres										\$150,000	\$330,000			\$180,000	\$660,000
Fondo de las Naciones Unidas para la Infancia (UNICEF)	\$220,000		\$240,000			\$20,000	\$230,000	\$20,000	\$311,000	\$110,000			\$809,586	\$2,675,173	\$4,635,759
Fondo de Población de las Naciones Unidas (UNFPA)			\$618,000							\$776,000				\$232,000	\$1,626,000
HIAS					\$15,000			\$45,000		\$20,000				\$120,000	\$200,000
IMPACT Initiatives (REACH)														\$180,000	\$180,000
Oficina de Naciones Unidas contra la Droga y el Delito (ONUDDD)								\$89,880			\$420,000				\$420,000
Oficina del Alto Comisionado de las Naciones Unidas para los Derechos Humanos (ACNUDH)											\$12,000				\$85,880
Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura (UNESCO)	\$350,000														\$350,000
Organización Internacional del Trabajo (OIT)					\$19,500,000									\$300,000	\$19,800,000
Organización Internacional para las Migraciones (OIM)			\$2,168,623	\$205,000	\$3,918,702	\$154,898		\$221,758	\$102,351	\$267,252	\$1,159,794	\$4,323,395	\$718,622	\$6,814,619	\$20,055,014
Organización Panamericana de la Salud/ Organización Mundial de la Salud (OPS/OMS)			\$40,000											\$110,000	\$150,000
Plan Internacional	\$283,000				\$15,000			\$9,000	\$30,000					\$1,500	\$38,500
Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA (ONUSIDA)			\$1,220,000					\$422,500							\$1,642,500
Programa de las Naciones Unidas para el Desarrollo (PNUD)					\$4,500,000										\$4,500,000
Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus Familias (RIADIS)					\$45,000			\$16,000						\$21,000	\$82,000

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPC)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
RET Internacional	\$7,000							\$84,000	\$12,000					\$49,000	\$202,000
Save the Children (SCI)	\$220,000		\$25,000				\$110,000	\$20,000	\$10,000	\$30,000			\$20,000	\$305,000	\$840,000
Visión Mundial									\$50,000					\$45,000	\$95,000
World Food Programme (WFP)		\$127,800												\$621,183	\$748,983
Brazil	\$4,890,053	\$16,214,286	\$10,929,869	\$6,147,558	\$16,477,587	\$12,680,608	\$1,706,220	\$6,384,876	\$7,042,788	\$1,863,671	\$625,000	\$23,713,841	\$10,277,739	\$6,394,100	\$125,548,195
ABV - Asociación del Bien con la Vida			\$10,500		\$19,000										\$29,500
Agencia Adventista de Desarrollo y Recursos Asistenciales (ADRA)		\$12,300,000			\$513,000	\$306,050		\$516,100				\$409,500	\$400,000		\$14,446,650
Aldeas Infantiles SOS					\$2,075,000			\$4,000,000	\$1,190,000	\$900,000		\$588,000			\$3,793,000
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)					\$3,000,000	\$3,500,000		\$4,000,000	\$611,353			\$20,500,000	\$2,500,000	\$1,820,000	\$36,731,353
Asociación educativa y caritativa Vale da Benção (AEBVB)	\$3,800	\$31,000	\$3,675					\$7,200				\$4,800	\$3,800		\$54,275
Associação Hermanitos	\$109				\$67,681								\$5,805		\$73,595
Carítas Brasil					\$40,000			\$130,120					\$646,984		\$777,104
Carítas Manaus		\$80,000			\$45,000							\$50,000			\$170,000
Carítas Paraná					\$66,283			\$100,000		\$25,000					\$170,000
Carítas Rio de Janeiro		\$49,847	\$12,000		\$66,283			\$28,712	\$10,601						\$169,443
Carítas São Paulo		\$250,679	\$481,994	\$45,558		\$1,429,388		\$6,752	\$6,534						\$13,286
Carítas Suiza		\$2,500	\$4,000					\$346,619				\$43,410	\$341,736		\$2,597,383
Centro de Atención al Migrante (CAM)	\$3,000				\$24,500			\$23,500							\$57,500
Centro de Estudios y Programas Integrados para el Desarrollo Sostenible (CIEDS)					\$20,000										\$20,000
Centro de Migración y Derechos Humanos de la Diócesis de Roraima		\$60,000			\$2,000			\$10,000					\$3,000		\$78,000
Compassiva					\$152,370										\$152,370
Ejército de Salvación								\$149,000							\$149,000
Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres					\$177,000										\$177,000
Fondo de las Naciones Unidas para la Infancia (UNICEF)	\$3,132,000		\$2,505,600		\$116,000	\$3,865,770	\$1,677,720		\$5,173,600				\$5,290,164	\$3,018,273	\$24,779,127
Fondo de Población de las Naciones Unidas (UNFPA)			\$1,989,500					\$35,000		\$865,000				\$52,000	\$2,941,500
Fraternidade Sem Fronteiras			\$77,100												\$77,100
Fundación AVSI				\$18,000	\$540,000			\$211,000					\$150,000		\$540,000
Fundación Panamericana para el Desarrollo (FUPAD)			\$414,600		\$828,260										\$1,656,060
IMPACT Initiatives (REACH)														\$80,000	\$80,000

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPCA)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Instituto de mamá			\$27,500		\$35,000										\$62,500
Instituto para las Migraciones y Derechos Humanos (IMDH)		\$4,000			\$6,000	\$5,000	\$28,500		\$4,000				\$28,500		\$76,000
Instituto Pirlampas - Grupo de visitas y acciones voluntarias en Roraima	\$260,000				\$240,000										\$500,000
Missão Paz			\$9,000							\$50,000		\$90,000			\$149,000
Movimiento LGBT+ Brasil		\$5,760	\$9,600		\$31,000	\$17,400		\$9,600		\$4,800		\$13,200			\$91,360
Museu A CASA					\$250,000						\$145,000				\$250,000
Oficina de Naciones Unidas contra la Droga y el Delito (ONUDDD)															\$145,000
Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura (UNESCO)	\$1,300,000														\$1,300,000
Organización Internacional del Trabajo (OIT)					\$4,500,000										\$4,500,000
Organización Internacional para las Migraciones (OIM)	\$115,000	\$3,349,500	\$4,095,000	\$6,038,700	\$3,505,500	\$3,455,000		\$681,700	\$51,000	\$71,000	\$464,500	\$1,835,000	\$901,750	\$1,375,000	\$25,958,650
Organización Panamericana de la Salud/ Organización Mundial de la Salud (OPS/OMS)			\$1,010,000												\$1,010,000
Servicio Jesuita a Migrantes y Refugiados (SIMR)	\$64,144	\$30,000	\$25,000	\$25,300	\$184,693	\$100,000		\$266,573	\$21,500	\$47,871	\$7,500	\$57,431		\$30,027	\$660,039
Servicio Pastoral de Migrantes Nacional	\$12,000	\$36,000	\$254,800		\$7,300			\$15,000			\$8,000	\$10,500		\$15,800	\$359,400
Servicio Pastoral dos Migrantes do Nordeste		\$15,000			\$30,000			\$40,000				\$112,000	\$6,000		\$203,000
We World GVC								\$10,000							\$10,000
Chile	\$1,910,100	\$3,573,401	\$2,819,784	\$150,000	\$12,057,624	\$10,217,347	\$-	\$10,799,789	\$363,900	\$280,000	\$455,000	\$7,127,052	\$7,497,987	\$2,221,345	\$59,473,329
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)		\$390,401	\$1,249,284		\$2,833,411	\$4,977,619		\$6,985,189				\$3,084,172		\$817,345	\$20,337,421
Asociación Inmigrante Feliz	\$72,300		\$48,000		\$274,000			\$85,000							\$479,300
Corporación Colectivo Sin Fronteras			\$11,600					\$13,600	\$66,900				\$3,950		\$98,050
Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres	\$2,800														\$2,800
Federación Internacional de la Cruz Roja (FIRC)		\$153,000	\$338,900		\$85,960	\$389,728						\$92,880	\$142,037	\$31,000	\$1,233,505
Fondo de las Naciones Unidas para la Infancia (UNICEF)	\$100,000				\$50,000			\$88,000							\$238,000
Fundación Scalabrini Chile					\$20,000			\$38,000				\$40,000			\$98,000
Migrantes por el Maule					\$48,500										\$48,500
Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura (UNESCO)	\$35,000														\$35,000

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPCA)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Organización Internacional del Trabajo (OIT)					\$500,000			\$50,000	\$180,000		\$105,000				\$835,000
Organización Internacional para las Migraciones (OIM)	\$1,700,000	\$3,000,000	\$860,000	\$150,000	\$8,070,000	\$4,850,000		\$3,500,000	\$50,000	\$280,000	\$350,000	\$3,910,000	\$7,350,000	\$1,373,000	\$35,443,000
Organización Panamericana de la Salud/ Organización Mundial de la Salud (OPS/OMS)			\$312,000					\$40,000	\$67,000						\$312,000
Organización Transformando Vidas					\$60,753										\$100,753
Vicaría de Pastoral Social Cáritas		\$30,000			\$115,000				\$67,000						\$212,000
Colombia	\$50,187,704	\$173,088,603	\$154,101,829	\$3,256,121	\$133,605,069	\$84,124,365	\$4,320,432	\$78,638,561	\$24,360,029	\$15,693,298	\$4,383,118	\$33,653,409	\$29,132,102	\$14,359,604	\$802,903,742
Acción contra el Hambre		\$336,000	\$660,786		\$60,000	\$8,970,000	\$596,481			\$32,000		\$170,000	\$1,694,500		\$12,519,767
ACTED								\$128,602		\$627,225			\$136,153		\$891,980
Agencia de Cooperación Alemana para el Desarrollo GIZ					\$852,396			\$9,736,652							\$10,589,038
Aldeas Infantiles SOS	\$1,364,564	\$116,000		\$29,500					\$687,000			\$63,000	\$290,101		\$2,450,165
Alianza por la Solidaridad		\$262,800								\$465,455			\$137,750		\$866,005
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)	\$1,761,913	\$138,000	\$7,595,000	\$537,000	\$11,724,202	\$14,545,536	\$225,292	\$25,652,952	\$6,250,493	\$4,318,000	\$80,000	\$10,324,000	\$4,086,886	\$2,765,000	\$90,004,274
Asociación de Apoyo al Desarrollo - APOYAR	\$388,011				\$115,732			\$99,524	\$420,000		\$73,000	\$342,425	\$130,208		\$1,568,920
Asociación Migrantes Venezolanos								\$47,500	\$60,000	\$24,500					\$244,000
Asociación Profamilia					\$89,160			\$215,777		\$254,578				\$191,659	\$5,174,309
Asociación Salto Ángel	\$102,969				\$187,850			\$117,410	\$195,618	\$94,429	\$43,950		\$463,788		\$1,206,015
ASOVENAR								\$96,000		\$126,903					\$96,000
Bethany Christian Services	\$23,093	\$88,464						\$181,030	\$132,561	\$126,903		\$86,649	\$47,896		\$666,796
Blumont			\$1,140,342					\$1,222,740							\$3,500,000
CARE			\$250,610	\$125,922		\$240,000				\$375,697	\$1,864				\$994,093
Cáritas Alemania		\$75,945			\$60,597	\$60,597		\$67,807	\$23,733			\$161,156	\$54,540		\$443,778
Cáritas Suiza	\$631		\$346,898	\$65,583		\$67,508		\$256,348	\$103,874		\$7,303	\$136,562	\$212,886		\$1,805,123
CESVI-Cooperazione e Sviluppo					\$50,000	\$10,000									\$60,000
Coalición por Venezuela						\$150,000									\$150,000
COLVENZ	\$20,000				\$100,000										\$120,000
Comité Internacional de Rescate (IRC)	\$688,400		\$2,430,000	\$522,000	\$4,560,000	\$7,000,000			\$2,193,750	\$1,900,000			\$672,000	\$465,000	\$20,391,150
Comité Internacional para el Desarrollo de los Pueblos (CISP)			\$25,315					\$524,890					\$280,366		\$830,572
Consejo Danés para los Refugiados (DRC)								\$5,550,000		\$250,000					\$16,000,000
Consejo Noniego para los Refugiados (NRC)	\$4,997,055	\$576,000			\$2,199,837	\$3,116,867	\$110,560	\$2,471,671	\$449,218	\$211,470	\$6,000	\$5,672,718	\$2,569,886	\$10,000	\$22,385,282
Consejo ONG OCIPY Capellanía Nacional OFICA	\$1,434		\$31,700					\$34,000	\$74,000	\$12,000			\$175,000		\$334,134

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPC)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Cruz Roja Colombia	\$92,000		\$34,066,500	\$11,800	\$1,260,000	\$1,660,000	\$197,730	\$263,000	\$753,000			\$570,000	\$541,000		\$39,415,030
Cuso Internacional	\$390,000		\$160,000		\$186,000			\$160,000	\$270,000						\$186,000
Diakonie Katastrophenhilfe			\$1,028,565		\$2,708,216	\$144,000		\$303,363		\$898,998				\$291,339	\$1,124,000
Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres			\$163,113					\$663,826		\$205,104			\$515,096		\$1,547,139
Federación Luterana Mundial			\$1,289,483		\$869,918	\$9,927,360	\$1,574,310	\$59,188	\$3,250,059	\$276,696			\$3,657,083	\$3,673,642	\$32,618,898
Fondo de las Naciones Unidas para la Infancia (UNICEF)	\$7,561,160		\$4,647,174			\$255,989				\$3,798,372					\$8,701,534
Fondo de Población de las Naciones Unidas (UNFPA)					\$200,000			\$40,000							\$80,000
Foro de Israel para la Ayuda Humanitaria Internacional (israID)	\$340,000														\$340,000
Fundación Americanas	\$45,000		\$5,079,450												\$5,079,450
Fundación Brisas del Norte															\$45,000
Fundación Colombovenezolana Nueva Ilusión					\$562,314										\$562,314
Fundación Halú Bienestar Humano (HALU)	\$13,000		\$282,805							\$245,000			\$148,353		\$676,158
Fundación Nakamás			\$52,000												\$65,000
Fundación Panamericana para el Desarrollo (FUPAD)			\$278,407		\$1,528,129			\$803,506					\$389,957		\$2,999,999
Fundación RadaBer	\$206,828	\$75,428			\$525,371			\$311,000							\$1,118,627
Fundación Social Vivan los Niños	\$900														\$900
FUNVEAC					\$80,000										\$80,000
GOAL			\$595,325		\$2,594,400	\$2,474,449		\$780,338					\$4,632,240		\$11,076,752
Heartland Alliance International (HAI)			\$32,600					\$19,800		\$16,450			\$136,998		\$205,848
HIAS			\$603,500		\$550,000			\$500,000		\$925,000		\$720,000			\$2,798,500
Humanity & Inclusion			\$772,000												\$1,272,000
IMMAP														\$1,533,143	\$1,533,143
IMPACT Initiatives (REACH)														\$130,000	\$130,000
International Medical Corps			\$350,863												\$350,863
INTERSOS						\$91,450		\$7,857,100	\$295,225	\$137,800			\$117,785		\$8,499,360
La Bolsa del Samaritano			\$1,015,000												\$1,015,000
LLANOVENCOL			\$40,790		\$429,250			\$31,300							\$501,340
Maitser International			\$4,084,109												\$4,302,493
MedGlobal			\$480,000												\$480,000
Medical Teams International			\$2,393,960												\$2,393,960
Médicos del Mundo			\$1,892,846							\$114,175					\$2,007,021

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPC)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Mercy Comps	\$-		\$-		\$-	\$8,136,000		\$-	\$-						\$8,136,000
Oficina de Naciones Unidas contra la Droga y el Delito (ONUDDD)								\$26,500			\$691,000				\$691,000
Oficina del Alto Comisionado de las Naciones Unidas para los Derechos Humanos (ACNUDH)									\$15,456						\$26,500
ONG Preemptive Love Coalition Colombia															\$15,456
Organización de las Naciones Unidas para la Alimentación y la Agricultura (FAO)		\$8,874,000			\$1,505,000										\$10,379,000
Organización Internacional del Trabajo (OIT)					\$20,200,000										\$20,200,000
Organización Internacional para las Migraciones (OIM)	\$6,071,076		\$70,483,965	\$1,504,316	\$32,049,000	\$1,500,000		\$14,826,452	\$4,658,460		\$3,480,000	\$11,924,832	\$4,039,480	\$2,706,496	\$153,244,077
Organización Panamericana de la Salud/ Organización Mundial de la Salud (OPS/ OMS)			\$1,088,000										\$42,000		\$1,130,000
OXFAM	\$516,901	\$22,000	\$137,832	\$130,000	\$91,473	\$50,000		\$151,866		\$76,600			\$310,000		\$809,939
Plan Internacional			\$4,674,429			\$63,728		\$1,626,764	\$640,966	\$50,500			\$433,253		\$3,496,944
Première Urgence Internationale					\$27,075,285			\$1,186,127							\$5,860,556
Programa de las Naciones Unidas para el Desarrollo (PNUD)					\$2,995,000			\$-						\$1,889,996	\$28,965,281
Programa de las Naciones Unidas para los Asentamientos Humanos (UN Habitat)			\$96,000		\$486,975		\$50,000	\$33,324		\$146,406				\$132,000	\$2,757,000
RET Internacional			\$2,878,000		\$3,222,470	\$4,950,933	\$653,262	\$681,375	\$2,682,975				\$1,555,045		\$812,705
Save the Children (SCI)	\$4,222,808		\$220,000	\$200,000	\$90,000			\$86,000				\$361,000	\$186,000		\$20,846,868
Servicio Jesuita a Migrantes y Refugiados (SUMR)			\$198,826		\$359,554			\$752,328				\$544,625	\$153,522		\$1,143,000
Servicio Jesuita a Refugiados (SJR)															\$2,008,855
Sesame Workshop	\$226,000														\$226,000
Tearfund						\$117,276									\$200,836
Venezolanos en Barranquilla				\$30,000		\$150,000								\$90,000	\$670,000
Visión Mundial	\$653,729			\$100,000		\$7,710,000		\$330,000	\$1,303,641	\$110,000		\$1,823,250	\$191,405		\$12,282,025
World Food Programme (WFP)	\$20,500,231	\$160,657,582			\$12,013,966	\$2,662,142	\$912,798	\$32,500						\$461,329	\$197,240,548
ZOA		\$1,648,000				\$1,458,000						\$103,000	\$644,000		\$3,853,000
Ecuador	\$18,253,841	\$39,970,786	\$18,754,024	\$144,860	\$93,698,597	\$26,329,031	\$650,400	\$43,690,660	\$7,928,576	\$7,001,962	\$933,100	\$18,459,305	\$5,033,295	\$7,488,458	\$288,286,395
Agencia Adventista de Desarrollo y Recursos Asistenciales (ADRA)	\$186,000	\$356,250	\$150,000		\$300,000			\$569,040				\$750,000			\$2,311,290
Agencia de Cooperación Alemana para el Desarrollo GIZ		\$15,000			\$80,000			\$60,000		\$63,700				\$50,000	\$218,700
Aldeas Infantiles SOS	\$101,272				\$966,636	\$375,900		\$134,732	\$274,928						\$1,853,468

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPC)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)	\$2,788,961	\$250,000	\$1,069,845	\$196,926	\$4,953,199	\$5,314,031		\$10,963,667	\$625,068	\$1,404,928	\$25,000	\$2,962,521	\$300,000	\$1,454,969	\$32,309,115
Asociación Aves	\$3,600	\$4,950	\$1,800		\$3,100							\$1,200		\$3,000	\$14,650
Asociación Churún Merú	\$86,500	\$40,000	\$25,000		\$80,100									\$53,000	\$118,000
Duerdes y Angeles Vinitito República Dominicana			\$27,500		\$100,000					\$90,000	\$50,000				\$144,100
Entidad de las Naciones Unidas para la Igualdad de Género y el Empoderamiento de las Mujeres					\$205,000	\$1,253,000	\$295,000	\$280,000	\$982,625	\$100,000	\$80,000	\$155,000		\$120,000	\$5,657,625
Fondo de las Naciones Unidas para la Infancia (UNICEF)	\$1,827,000		\$360,000							\$217,610				\$156,400	\$540,436
Fondo de Población de las Naciones Unidas (UNFPA)			\$166,426		\$26,200	\$32,400									\$150,000
Fundación Colonia de Venezuela en República Dominicana (FUNCOVERD)		\$42,800	\$48,600												\$7,000
Fundación de Emigrantes Venezolanos (FEV)	\$7,000														
Fundación Panamericana para el Desarrollo (FUPAD)	\$436,919	\$75,000	\$15,000		\$318,651			\$1,006,271	\$11,050	\$233,437		\$82,000	\$423,100		\$2,601,427
Fundación Salú pa Tur			\$1,555,000										\$75,000		\$1,630,000
Fundación Venex Curacao					\$130,000							\$96,500	\$14,500		\$241,000
Globalizate Radio					\$11,405										\$11,405
Heartland Alliance International (HA)	\$12,300		\$135,400		\$15,100	\$370,000		\$551,000	\$2,250	\$200	\$9,000	\$138,900			\$1,234,150
HIAS			\$47,651		\$292,717	\$195,866		\$132,776		\$709,074					\$1,378,083
Human Rights Defence Curaçao	\$5,000				\$33,300			\$93,000							\$143,800
Instituto Dominicano de Desarrollo Integral	\$10,800	\$221,000	\$52,900	\$2,000	\$80,500	\$110,500		\$31,200		\$4,500		\$84,500			\$597,900
La Casita Centro Cultural Hispano										\$135,000					\$135,000
Living Water Community (LWC)			\$168,000		\$319,000							\$99,000	\$40,000	\$22,000	\$648,000
Organización Internacional del Trabajo (OIT)					\$8,200,000										\$8,200,000
Organización Internacional para las Migraciones (OIM)	\$575,000	\$794,900	\$505,000	\$10,000	\$1,740,000	\$725,000		\$1,425,000	\$30,000	\$615,000	\$1,465,000	\$1,902,500	\$350,000	\$1,340,000	\$11,477,400
Organización Panamericana de la Salud/ Organización Mundial de la Salud (OPS/ OMS)								\$18,000						\$15,000	\$33,000
Programa de las Naciones Unidas para los Asentamientos Humanos (UN Habitat)					\$500,000			\$35,000						\$36,000	\$571,000
VenAruba Solidaría		\$60,000							\$20,000					\$10,000	\$90,000
Venezolanos en San Cristóbal		\$3,770	\$7,368		\$9,500										\$20,638
Voices GY	\$64,804		\$11,250		\$41,250										\$117,304
Central America and Mexico	\$866,788	\$1,218,900	\$2,354,245	\$45,000	\$6,789,633	\$2,240,046	\$-	\$7,005,900	\$206,000	\$656,398	\$85,000	\$1,452,335	\$357,505	\$892,938	\$24,080,708

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPC)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)	\$478,088	\$10,900	\$616,045		\$3,966,633	\$2,129,046		\$4,713,900	\$5,000	\$95,498	\$5,000	\$20,535	\$7,905	\$368,938	\$12,417,108
Consejo Noruego para los Refugiados (NRC)					\$55,000	\$75,000		\$40,000				\$70,000			\$240,000
HIAS					\$803,500			\$506,000		\$350,000					\$1,659,500
Organización Internacional para las Migraciones (OIM)	\$300,000	\$1,138,000	\$1,689,000	\$45,000	\$1,490,500			\$1,673,000	\$30,000	\$180,000	\$80,000	\$1,223,800	\$310,000	\$416,000	\$8,575,300
Programa de las Naciones Unidas para los Asentamientos Humanos (UN Habitat)					\$315,000			\$25,000						\$18,000	\$358,000
RET Internacional	\$88,700	\$70,000	\$49,200		\$159,000	\$36,000		\$48,000	\$171,000	\$30,900		\$138,000	\$40,000		\$850,800
Southern Cone	\$840,840	\$2,076,288	\$2,068,672	\$817,960	\$13,154,779	\$4,661,673	\$153,000	\$9,351,024	\$1,944,270	\$812,922	\$693,500	\$6,049,229	\$977,996	\$3,082,442	\$46,704,595
Agencia Adventista de Desarrollo y Recursos Asistenciales (ADRA)		\$20,000	\$10,000	\$19,480	\$140,320							\$20,000	\$48,000		\$257,800
Alianza por Venezuela	\$96,700	\$675,000	\$170,000		\$178,300				\$31,200						\$1,151,200
Alto Comisionado de las Naciones Unidas para los Refugiados (ACNUR)			\$80,000		\$4,528,258	\$2,996,753		\$5,846,402	\$879,687	\$361,222		\$3,361,168		\$1,481,931	\$19,485,421
Asociación de Jubilados y Pensionados Venezolanos en Argentina	\$57,460	\$32,000	\$70,870	\$10,500	\$59,706	\$9,000		\$26,870				\$8,000		\$37,011	\$311,417
Asociación Idas y Vueltas		\$7,000		\$1,000	\$2,750			\$10,500				\$3,500	\$3,500		\$28,250
Asociación Manos Venegueyras	\$12,000	\$100,000			\$43,000	\$30,000		\$5,000	\$3,160			\$110,000	\$5,535	\$17,500	\$317,500
Cáritas Suiza			\$7,762		\$100,000			\$102,252				\$68,745		\$85,000	\$187,454
Comisión Argentina para Refugiados y Migrantes (CAREF)					\$100,000			\$42,000						\$7,000	\$177,000
Facultad de Psicología - Universidad de la República (UDELAR)			\$3,000												\$10,000
Fondo de las Naciones Unidas para la Infancia (UNICEF)	\$120,000	\$10,000	\$45,000			\$200,000	\$153,000	\$167,000	\$94,000	\$12,000		\$120,000	\$135,000	\$192,000	\$1,248,000
Fondo de Población de las Naciones Unidas (UNFPA)										\$134,500	\$10,500				\$145,000
Fundación Scalabrini Bolivia												\$6,000			\$95,000
HELVE TAS Swiss Intercooperation					\$64,000										\$285,000
Migrantes, Refugiados y Argentinos Emprendedores Sociales (MIRARES)					\$28,006				\$90,000	\$15,000			\$120,000		\$28,006
Organización Internacional del Trabajo (OIT)					\$3,280,000			\$50,000			\$160,000				\$3,850,000
Organización Internacional para las Migraciones (OIM)	\$522,680	\$1,185,288	\$1,661,040	\$786,980	\$4,505,939	\$1,425,920		\$3,067,000	\$506,223	\$279,200	\$458,000	\$2,209,672	\$665,961	\$1,335,500	\$18,609,403
Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA (ONUSIDA)			\$21,000												\$21,000
Programa de Población - Universidad de la República														\$7,000	\$7,000
Red con Migrantes y Refugiados	\$5,000	\$15,000			\$72,000					\$9,000	\$25,000	\$20,500		\$19,500	\$166,000

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose Cash Assistance (MPCA)	Nutrition	Protection	Child Protection	GBV	Human Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Red de Investigaciones en Derechos Humanos - CONICET (Consejo Nacional de Investigaciones Científicas y Técnicas)					\$26,500										\$26,500
Servicio Jesuita a Migrantes (SJM)	\$27,000	\$32,000			\$81,000			\$34,000		\$2,000		\$121,644			\$297,644

RESULTS FRAMEWORK

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description / rationale
Education			
Outcome E01	Ensure access to quality educational services for refugees and migrants from Venezuela under gender, inclusion and intersectoral perspectives	Participation rate of children, youth and adult refugees and migrants in formal and non-formal education and training, by sex	
Output E01	Provide and increase access to educational services in conditions of safety and dignity to refugees and migrants from Venezuela population from the perspective of gender, inclusion and intersectorality	# of refugees and migrants enrolled in formal educational institutions or enrolled in an alternative or non-formal education activities / programs	Access to formal and non-formal educational services
Output E02	Provide and increase access to educational services in conditions of safety and dignity to refugees and migrants from Venezuela population from the perspective of gender, inclusion and intersectorality	# of refugees and migrants enrolled in formal or alternative educational institutions/non-formal education programs completing the corresponding school cycle	Permanence in formal and non-formal educational services
Output E03	Provide and increase access to educational services in conditions of safety and dignity to refugees and migrants from Venezuela population from the perspective of gender, inclusion and intersectorality	# of refugees and migrants that are children, adolescents or youth who are supported with supplies or services	Care and support in formal and non-formal educational services
Output E04	Provide and increase access to educational services in conditions of safety and dignity to refugees and migrants from Venezuela population from the perspective of gender, inclusion and intersectorality	# schools supported with supplies or that are established, built or rehabilitated	Support to formal or non-formal schools or educational spaces
Output E05	Provide and increase access to educational services in conditions of safety and dignity to Venezuelan refugee and migrant population from a gender, inclusion and intersectoral perspective.	# of refugees and migrants who receive assistance for the recognition of academic titles/diplomas/degrees from primary and secondary educational establishments	Support and assistance for the recognition of previous studies (Recognition, Validation and accreditation RVA) in primary and secondary educational establishments
Output E06	The capacities of education actors (at the regional, sub-regional, national, local and community levels) are strengthened to improve access and quality of education from the perspective of gender, inclusion and intersectorality	# of teachers, officials or partners trained / empowered to improve access and quality of education	Capacity-building to improve or increase access to and quality of formal or non-formal education.
Output E07	Pertinent stakeholders have increased awareness of the importance of the right to and availability of educational services for refugees and migrants from Venezuela from the perspective of gender, inclusion and intersectorality	# of information, awareness-raising, promotion and dissemination activities on the importance of the Right to Education, availability and quality of education implemented	Communication, awareness and advocacy on the Right to Education.

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Food Security			
Outcome FS1	Enhance food security of refugees and migrants from Venezuela with a priority focus on the most vulnerable.	Prevalence of food insecurity in the population of refugees and migrants from Venezuela, based on the Food Insecurity Experience Scale (FIES)	
Outcome FS2	Enhance food security of refugees and migrants from Venezuela with a priority focus on the most vulnerable.	% of households with acceptable diet diversity in the population of refugees and migrants from Venezuela, based on the Food Consumption Score (FCS) or on the Household Dietary Diversity Score (HDDS)	Este indicador mide el número de personas, que se beneficia de alguna de las siguientes acciones: entrega de insumos agropecuarios (semillas, fertilizantes, materiales, insumos veterinarios, etc.), activos productivos para medios de vida no agropecuarios y/o transferencias monetarias; acompañamiento técnico y fortalecimiento de capacidades para proteger y mejorar en tiempo corto los medios de sustento esenciales para la seguridad alimentaria de las poblaciones priorizadas.
Output FS1	Refugees and migrants from Venezuela, and affected host communities, are provided with assistance to increase their productive capacity and improve their livelihoods	# of refugees, migrants and members of affected host communities that are beneficiaries of rapid response productive projects (Incl. delivery of agricultural inputs, technical assistance, etc)	This indicator measures the number of facilities, such as canteens, communal kitchens, shelters, etc. that have been supported with infrastructure assistance, equipment, inputs including non perishable items, and adaptation of spaces for food production, storage, preparation and consumption, in order to maintain the provisions of food and services at these facilities.
Output FS2	Public sector institutions and other service providers that provide food assistance or food security related technical assistance to refugees, migrants and affected host communities are supported	# of food assistance facilities supported	The indicator measures the number of individuals supported through interventions that addresses their food security needs, through food assistance considering one or a combination of different transfer modalities (i.e. in kind food and/or cash-based transfers). These are direct recipients and their households (if assistance is provided to the entire family).
Output FS3	Refugees and migrants from Venezuela, and affected host communities, are provided with food assistance	# of refugees, migrants and members of affected host communities that receive food assistance	This indicator measures the number of individuals from authorities (local, regional, national) and civil society (NGOs, others ...) who provide food assistance to refugees and migrants and host communities, including services in shelters / canteens, or cash-based transfers, which have benefitted from direct capacity-building in the field of food assistance, including on issues of facility management for communal kitchens.
Output FS4	Public sector institutions and other service providers that provide food assistance or food security related technical assistance to refugees, migrants and affected host communities are supported	# of individuals working with refugees, migrants and affected host communities trained in food security and/or the provision of food services and assistance	

Health			
Outcome HE1	Improve access to health services and supplies at all levels of care including specialized assistance	Percentage of refugees and migrants with access to healthcare	
Outcome HE2	Strengthen international and national frameworks that ensure greater health protection	Number of countries that have strengthened their legal frameworks and policies also to include refugees and migrants in their health insurance systems	

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output HE1	Refugees and migrants receive health care, supplies and information	# of refugees and migrants benefiting from primary health care consultations	This indicator measures the access of refugees and migrants from Venezuela to the primary health care facilities (e.g. health posts, health centers) to receive consultations for TB, COVID-19, HIV/AIDS, non-communicable diseases, mental health, maternal and child health, sexual and reproductive health including family planning, STIs, psychosocial support, emergencies and prevention and care of gender-based violence including clinical management of sexual violence, among others.
Output HE2	Refugees and migrants receive health care, supplies and information	# of refugees and migrants from Venezuela assisted with vaccination against COVID-19	This indicator measures the access of refugees and migrants from Venezuela who have protection against COVID-19.
Output HE3	Refugees and migrants receive health care, supplies and information	# of vaccine doses applied to refugees and migrants from Venezuela according to life cycle and national calendar	This indicator measures the access of refugees and migrants from Venezuela to mandatory vaccines according to the age group and the country's calendar.
Output HE4	Refugees and migrants receive health care, supplies and information	# of refugees and migrants from Venezuela who received supplies	This indicator measures the direct support of the health sector partners of the national platforms, to refugees and migrants, through the delivery of supplies (such as dignity kits, clean delivery kits, hygiene kits, PPEs and others)
Output HE5	Refugees and migrants receive health care, supplies and information	# of campaigns and people who received information on promotion and access to health services	This indicator measures the support of the health sector partners of the national platforms, through the dissemination of information on access to health services in the recipient country, as well as promotional actions for health problems through different strategies such as communication campaigns, delivery of brochures, among others.
Output HE6	" Health facilities are strengthened to provide services"	# of health facilities supported for the refugees and migrants care	This indicator measures the number of health facilities (including hospitals, clinics, laboratories, ambulatory care centers and specialized care centers) that care for refugees and migrants from Venezuela and have received medicines, medical devices, medical supplies or have improved its infrastructure with the support of the health sector partners of the national platforms.
Output HE7	" Health facilities are strengthened to provide services"	# of health personnel and community workers trained	This indicator measures the number of people who work in health facilities (health personnel: doctors, nurses, laboratory workers, etc.) and in other health care services in host communities (promoters, agents, leaders and community actors) who have received training (talks, workshops, seminars, webinars) by the health sector partners of the national platforms, on issues of primary care, first aid, emergency care, sexual and reproductive health, and prevention and care of gender-based violence cases, HIV/AIDS, mental health and other topics.

Humanitarian Transportation			
Outcome HT1	The humanitarian transportation response will contribute to the protection, integration and access to basic goods and services for vulnerable refugees and migrants	Proportion of vulnerable refugee and migrant population that has access to humanitarian transport	

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output HT1	Provide border to border and internal transportation assistance in a safe, humane and dignified manner to refugees and migrants from Venezuela for the purposes of protection, integration and access to basic goods and services.	# of refugees and migrants provided with support for day-to-day transport to access protection services, basic goods and other services	The indicator aims to capture number of persons targeted assisted with short distance, urban or local transport to facilitate access to protection and basic services such as medical facilities, humanitarian assistance such as food, facilitate the fulfilling of bureaucratic requirements, and to seek employment. Priority is given to the most vulnerable groups identified through vulnerability criteria and based on needs.
Output HT2	Provide border to border and internal transportation assistance in a safe, humane and dignified manner to refugees and migrants from Venezuela for the purposes of protection, integration and access to basic goods and services.	# of refugees and migrants supported with border-to-border transportation assistance	The indicator aims to capture the number of targeted persons receiving border-to-border transportation assistance, in order to reduce protection risks for refugees and migrants in transit.
Output HT3	Provide border to border and internal transportation assistance in a safe, humane and dignified manner to refugees and migrants from Venezuela for the purposes of protection, integration and access to basic goods and services.	# of refugees and migrants supported with internal transportation assistance	The indicator aims to capture the number of targeted persons receiving longer-distance, internal transportation assistance, in order to reduce protection risks for refugees and migrants and to provide a service.
Output HT4	Provide border to border and internal transportation assistance in a safe, humane and dignified manner to refugees and migrants from Venezuela for the purposes of protection, integration and access to basic goods and services.	# of information and prevention campaigns on safe and dignified travel	The indicator aims to capture the number of information and prevention campaigns conducted to promote a safe and dignified transportation

Integration			
Outcome IN1	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	% of unemployment rate among refugees and migrants from Venezuela	
Outcome IN2	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	% of informal employment in total employment of refugees and migrants from Venezuela	
Outcome IN3	Xenophobia is reduced and social cohesion between refugees and migrants and host communities is strengthened	% of R/M surveyed that report experiencing/feeling discriminated when accessing public services and/or employment opportunities	

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output IN1	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	# of refugees, migrants & host community members receiving support activities/interventions enabling them to access or to keep a job	The indicator aims to measure the number of individuals that receive support enabling them to access a job (this includes both formal and reenumerated, with a signed labor contract, as well as informal job, considering the high levels of informality in the LAC region) AND/OR were able to retain their employment (formal or informal). This includes activities/interventions undertaken to access or keep a job during the covid-19 epidemic context. The support activities / interventions may include the regularization and/or facilitation of work permits, trainings (vocational, soft skills, language), guidance to access labor market, technological/connectivity support to search for/apply for employment, access to child care services. Sub-indicators can be created if national platforms want to measure more details, for example: on formal vs. informal employment; new employment vs. maintenance of current employment; work conditions; organizational safety and health; decent work; length employed; opportunity to contribute to pension, etc.*
Output IN2	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	# of refugees, migrants & host community members assisted with support for self-employment or entrepreneurship initiatives (start up or recovery)	This indicator aims to measure the number of individuals that receive support (e.g.tools, knowledge, capacities, guidance, mentorship, information, capital, etc.) enabling them to successfully generate their own income, either by starting their own business / self-employment AND/OR for their business to recover from the pandemic. This includes both formal and informal businesses. Sub indicators can include: formal vs. informal businesses; # of businesses formalized, etc.
Output IN3	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	# of private sector employers that have hired refugees and migrants as a result of sensitization and/or capacity strengthening initiatives	This indicator aims to measure the number of businesses that have received information materials, training, awareness raising / sensitization on refugee and migrant recruitment processes, refugee and migrant labor rights, cultural/inclusive work environment AND directly hired refugees and migrants.
Output IN4	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	# of refugees and migrants whose professional diplomas, titles or credentials - obtained via tertiary education or professional/vocational schools - have been certified, recognized or validated in the host country	This indicator aims to measure the number of individuals that have had their professional titles/diplomas/degrees - obtained via tertiary education or professional/vocational schools - recognized, certified or validated.
Output IN5	Promote economic integration (during and post-COVID-19) for refugees and migrants from Venezuela with their host communities	# of refugees, migrants & host community members reached with financial inclusion activities	This indicator aims to measure how many individuals received support that enabled them to access and use financial services. Support can include information on microcredit / microfinance and financial and digital education, as well as awareness raising and sensitization of financial institutions.
Output IN6	Xenophobia is reduced and social cohesion between refugees and migrants and host communities is strengthened	# of people reached by social cohesion activities	This indicator aims to measure how many individuals were reached through inter-cultural activities, activities that enhance peaceful coexistence or community-based activities.
Output IN7	this indicator contributes to both sector objectives (it is cross-cutting)	# of persons capacitated to promote the integration of refugees and migrants	This indicator aims to measure the number of individuals that have received capacity building support that enable them to better promote the integration of refugees and migrants. Capacity building support can include training, materials, guidance, awareness raising, sensitization.

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output IN8	this indicator contributes to both sector objectives (it is cross-cutting)	# of products published that provide relevant information for policy makers and practitioners on integration programming	This indicator aims to measure the number of products developed and published that provide key information that allow either policy makers to develop integration policies AND/OR practitioners to implement integration programs.

Multipurpose Cash Assistance (MPC)

Output MC1		# of individuals benefitting from multipurpose cash transfers (MPC)	This indicator serves to capture the number of refugees and migrants from Venezuela receiving multi-purpose cash transfers. This may include assistance through other monetary modalities, e.g. vouchers, cash, etc.
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Nutrition

Outcome NU1	Ensure refugees and migrant population groups most at risk of malnutrition have access to quality nutrition services and/or interventions to prevent, identify and treat different forms malnutrition.	% of refugee and migrant population groups most at risk of malnutrition with access to quality nutrition services and/or interventions to prevent, identify and treat different forms of malnutrition.	
Output NU1	Relevant data and evidence on the nutrition situation of selected population groups at risk of malnutrition are available	# of nutrition surveys undertaken	The indicator aims to measure the number of nutrition surveys conducted to identify cases of malnutrition (in any of its different forms) and/or obtain data on the determinants and drivers of malnutrition in population groups most at risk of malnutrition: children under 5, adolescents, and/or pregnant and lactating women
Output NU2	Boys and girls between 0-59 months, pregnant and lactating women have access to interventions that include nutrition counseling and/or nutrition supplementation to prevent different forms of malnutrition	# of primary caregivers of children 0-23 months receiving IYCF counselling	"This indicator aims to measure the number of primary caregivers of children aged 0-23 months who have received counselling on optimal infant and young child feeding practices at least once by trained health and nutrition workers during the reporting period."
Output NU3	Boys and girls between 0-59 months, pregnant and lactating women have access to interventions that include nutrition counseling and/or nutrition supplementation to prevent different forms of malnutrition	# of children 6-59 months and pregnant and lactating women receiving nutrition supplementation	"This indicator aims to measure the number of children 6-59 months who received micronutrient powders (MNPs); micronutrient in drops or syrup; or ready-to-use supplementary foods (RUSF), in the reporting period. This indicator also includes the number of pregnant and lactating women who received iron and folic acid supplementation."
Output NU4	Boys and girls aged between 0-59 months in affected areas are screened regularly for the early detection of acute malnutrition and are referred as appropriate for treatment services	# of children 0-59 months screened for acute malnutrition	This indicator aims to measure the number children aged 6-59 months screened for acute malnutrition.
Output NU5	Boys and girls aged between 0-59 months in affected areas are screened regularly for the early detection of acute malnutrition and are referred as appropriate for treatment services	# of children 0-59 months with acute malnutrition (SAM and MAM) admitted for treatment	This indicator aims to measure the number of children aged 0-59 months affected by acute malnutrition who are newly admitted into treatment

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output NU6	Adolescent girls and boys have access to nutrition interventions to prevent anaemia and/or different forms of malnutrition	# of adolescent girls and boys provided with services to prevent anaemia and/or other forms of malnutrition	This indicator aims to measure the number of adolescents who receive services to prevent anaemia and/or other forms of malnutrition
Output NU7	Health and community workers trained to provide quality nutrition services to population children under 5, adolescents and/or pregnant and lactating women.	# of health and community workers trained to provide quality nutrition services to children under 5, adolescents and/or pregnant and lactating women	This indicator aims to measure the number of health and community workers that are trained to provide nutrition services to children under 5, adolescents and/or pregnant and lactating women to prevent and/or identify and treat different forms of malnutrition.
Output NU8	Caregivers, families and communities are supported and empowered to prevent malnutrition in children under 5, adolescents and/or pregnant and lactating women, and/or are aware of available nutrition services, how and where to access them	# of caregivers, families, and/or community members reached with key nutrition messages and key information on nutrition services	"This indicator aims to measure the number of people, including caregivers, families and/or community members with timely access to: - culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices to prevent the deterioration of the nutritional status of children under 5, adolescents and/or pregnant and lactating women. - information about the location and type of nutrition services that can be accessed."
Output NU9	Nutrition sector partners' capacities regarding are supported (regional level)	# of training sessions conducted with R4V nutrition partners	This indicator aims to measure the number of training sessions conducted with R4V nutrition partners on Nutrition in Emergency interventions; taking into account the COVID-19 context, and/or other topics (e.g. Gender, Environment etc.)
Output NU10	The nutrition needs of vulnerable groups and the importance of life-saving nutrition interventions are advocated for with relevant audiences (regional level)	# of advocacy events/products in favor of nutrition of vulnerable groups in emergencies supported	This indicator aims to measure the number of events, including meetings, and/or products aiming at advocating for the nutrition needs of vulnerable groups and the importance of life-saving nutrition interventions.

Protection (General)


Outcome PR1	Reduce the proportion of refugees and migrants from Venezuela victims of human rights violations, abuse and are exposed to other protection risks.	Proportion of refugees and migrants from Venezuela reporting having being victims of violations of international refugee, humanitarian and human rights law, abuse or are exposed to other protection risks.	
Output PR1	Provide critical protection-related assistance and specialized services, including case management and referral pathways to address the priority protection needs of refugees and migrants from Venezuela.	# of refugees and migrants who received protection-related assistance and specialized services	This indicator aims to measure the extent to which refugees and migrants from Venezuela have access to protection-related assistance and specialized services. The indicator encompasses legal assistance, counselling and legal representation linked to individual identity documentation, RSD, birth registration and nationality. This indicator also considers all services provided to facilitate access to rights (e.g. education, health, housing, justice, land, prevention of evictions) and basic services (e.g. mental health and psychosocial support), national protection mechanisms, including those related to armed conflict and organized crime.

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output PR2	Strengthen the protection environment by ensuring that effective and accurate protection information is produced and disseminated to support relevant actors at local, national and regional levels and improve access to national protection systems.	# of people trained to strengthen the protection environment	This indicator encompasses all trainings, webinars and technical sessions with the participation of local, national and regional authorities (e.g. law enforcement officials, military personnel, migration officials, RSD officials, judges, public defenders, ombudspersons, civil registrars), civil society organizations, women, youth and indigenous organizations and members of the Sector to promote access to documentation, rights and basic services, including access to national protection mechanisms. It also covers all initiatives related to support and contribute to building asylum/migration capacities as well as for the identification of international protection needs, coordination and referrals to asylum and migration authorities.
Output PR3	Strengthen the protection environment by ensuring that effective and accurate protection information is produced and disseminated to support relevant actors at local, national and regional levels and improve access to national protection systems.	# of initiatives or activities developed for community-based protection	This indicator aims to highlight all activities with communities (e.g. focus group discussions, participatory assessments, support groups, community outreach, trainings and awareness-raising, human rights dissemination, CwC, etc.), including host communities, community-based organizations, faith-based organizations, women, youth and indigenous organizations. All activities that promote peaceful coexistence, social cohesion and empowerment under an inter-sectoral perspective are included. This indicator also seeks to understand the effects of community interventions that benefit both refugees and migrants and host communities.
Output PR4	Strengthen the protection environment by ensuring that effective and accurate protection information is produced and disseminated to support relevant actors at local, national and regional levels and improve access to national protection systems.	# of protection studies, reports, analysis and assessments produced by sector members to improve the protection response	This indicator includes all joint or stand-alone exercises and products on protection data and information collection (reports, assessments, baselines, protection monitoring, border monitoring, surveys, etc.) oriented to improve the protection environment for Venezuelan refugees and migrants and guarantee effective and pertinent decision-making processes.
Output PR5	Ensure that access to the territory, asylum procedures, regularization, birth registration and nationality are consistent with international standards and with the perspective of durable solutions.	# of advocacy interventions made to promote access to the territory, asylum procedures, regularization, birth registration and nationality	This indicator includes documents drafting, observations and recommendations on law and policy initiatives, meetings, discussions, direct or indirect communication, written correspondence, public statements, initiatives and projects aimed at securing access to rights (e.g. not to be rejected at border, no devolution, the right to seek and be granted asylum, access to national protection mechanisms, etc.). It could also encompass access to legal aid and representation on matters related to RSD but also other legal/protection interventions and strategic litigation. It also includes all public information materials, communication pieces, campaigns, applications and technological developments to provide protection information to Venezuelan refugees and migrants. Furthermore, this indicator seeks to analyze compliance by host governments with obligations relating to the principle of non-refoulement and the related right of access to territory, regularization, birth registration and RSD procedures.
Output PR6	Strengthen the protection environment by ensuring that effective and accurate protection information is produced and disseminated to support relevant actors at local, national and regional levels and improve access to national protection systems.	# of policies and programs supported by the sector to facilitate access to national protection systems	This indicator includes all policies, programs and initiatives at local, national and regional levels addressed to refugees and migrants adopted by governments in the reporting period that facilitate access to national protection systems, child protection systems, women support services, people with disabilities programs, including social programs, subsidies and related welfare programs.


Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Protection (Child Protection)			
Outcome CP1	Refugee and migrant children and adolescents from Venezuela are protected from violence, exploitation and abuse and their well-being is promoted	Proportion of refugees and migrants children and adolescents from Venezuela with special Protection needs who have access to specialized child protection services.	It includes individual attention and case management: identified cases of violence, abuse, neglect and exploitation, supported and/or referred to child protection authorities; legal assistance, psychological support, family reunification, family-based care or appropriate alternative services, birth registration and regularization. These services could include measures that address the gender, ethnicity and disability dimensions of girls, boys and adolescents.
Output CP1	1. Child protection services strengthen the provision of specialized services and assistance for the protection of migrant and refugee children and adolescents according to their needs and in coordination with national authorities, especially in response to COVID-19.	# of refugee and migrant children and adolescents who received specialised child protection services	
Output CP2	1. Child protection services strengthen the provision of specialized services and assistance for the protection of migrant and refugee children and adolescents according to their needs and in coordination with national authorities, especially in response to COVID-19.	# of refugees and migrant children and adolescents and their families and caregivers provided with community-based mental health and psychosocial support	It includes Group activities for child well-being, Non-formal education; Structured and free play; Sports; Resilience and life skills programmes; leadership training for adolescents; and parenting and support groups that strengthen families. These services could include measures that address the gender, ethnicity and disability dimensions of girls, boys and adolescents.
Output CP3	1. The capacities of actors at the regional, national, local and community levels are strengthened to improve and establish guidelines and legislation that coordinates the inter-institutional articulation and guarantees the access and real and effective exercise of services and, fundamental and protection rights, integrating gender and intersectionality approaches.	"# of individuals working with refugees and migrants trained on Child Protection"	Including trainings, webinars, technical sessions, with the participation of authorities, child protection and migration/asylum authorities, counterparts, members of subsector or other sectors, community-based organizations, which integrate a gender-sensitive approach. It covers all initiatives related to support and contribute to building child protection capacities. It includes activities related to identification of CP needs, international protection needs, coordination and referral mechanism to child protection authorities, etc.
Output CP4	Strategies to advocate at national and regional levels to guarantee the rights and protection of children and adolescents and their families; and to sensitize and disseminate coherent and secure information among populations, are developed, to ensure their safety and protection, considering gender and diversity approaches	# of campaigns and people reached through activities on information and sensitization about Child Protection risks, both on the route and within host communities	Includes awareness raising sessions, dissemination of information on protection risks, availability of services and child protection mechanisms, rights, AAP activities. This is also about strengthening the agency of refugees and migrants children and adolescents and their families in decisions affecting their lives.
Protection (GBV)			
Outcome GBV1	"Refugee and migrant women, girls and LGBTQI+ persons from Venezuela and host communities are less exposed to the threat of GBV and survivors use lifesaving, quality multisectoral services to meet their needs"	% of GBV survivors surveyed who report being satisfied with services received	

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Outcome GBV2	"Refugee and migrant women, girls and LGBTIQ+ persons from Venezuela and host communities are less exposed to the threat of GBV and survivors use lifesaving, quality multisectoral services to meet their needs"	% of surveyed community members who report an increased understanding of GBV after attending educational sessions.	
Output GBV1	"1) Coordinate regional inter sectoral initiatives to mitigate the risk of GBV for women girls and LGBTI people from Venezuela and from host communities and 2) Support and strengthen the capacity of local and national actors to provide quality, inclusive, multi-sectoral response services that are available, accessible, and acceptable to refugee and migrant GBV survivors from Venezuela and host communities."	# of individuals trained on GBV prevention, mitigation and response	This indicator under the objective 1 measures the number of non GBV specialists attending training in GBV mitigation . Under the objective 2, it shows the number of GBV practitioners trained in GBV response
Output GBV2	"Coordinate regional inter sectoral initiatives to mitigate the risk of GBV for women girls and LGBTI people from Venezuela and from host communities"	"# of guidance documents crafted jointly by the GBV and other sectors on GBV risk mitigation"	This indicator measures the number of manuals and documents produced
Output GBV3	"Design strategies for community engagement on GBV prevention"	# of campaigns and people (women, girls men and boys) from Venezuela and host commit unity who participated in community based awareness sessions on GBV	This indicator measures the individuals receiving information on Gender Based Violence prevention as part of community based awareness campaigns
Output GBV4	"Support and strengthen the capacity of local and national actors to provide quality, inclusive, multi-sectoral response services that are available, accessible, and acceptable to refugee and migrant GBV survivors from Venezuela and host communities."	# of services available to survivors	his indicator measures the number of services available in the region. To report against this indicator appropriately, focal points and coordinators should consider each outpost /program to provide care to meet a survivors health, psychosocial, legal and safety needs available per territory as a unique service.
Output GBV5	"1) Support and strengthen the capacity of local and national actors to provide quality, inclusive, multi-sectoral response services that are available, accessible, and acceptable to refugee and migrant GBV survivors from Venezuela and host communities.2) Design strategies for community prevention"	# of refugees, migrants and affected host community members reached with GBV prevention, mitigation and response activities	This indicator measures the number of individuals receiving the services offered by GBV responders in their prevention, mitigation and response activities

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Protection (Human Trafficking and Smuggling)			
Outcome PRHT1	Reduce and mitigate risk of human trafficking and smuggling among refugees and migrants from Venezuela	Proportion of refugees and migrants from Venezuela reporting having been discriminated against, being a victim of human rights violations, abuse and other protection risks prohibited under international refugee and human rights law.	
Output PRHT1	Capacity-building of public officers and civil society organizations for the prevention, identification, assistance, protection and prosecution of human trafficking and smuggling of migrants and refugees from Venezuela	# of individuals working with refugees and migrants trained on the prevention, identification, assistance, protection, and prosecution of human trafficking and smuggling of migrants	Includes women, men, girls, youth and LGBTI persons who work in civil society organizations, non-governmental organizations, state institutions (at national and local level), United Nations agencies, etc. in origin, transit and reception areas, in areas related to, but not exclusively, fight against human trafficking and smuggling.
Output PRHT2	Support and/or creation of national, subnational, and/or regional institutional mechanisms and structures for the prevention, identification, protection, assistance, integration and/or persecution of human trafficking and smuggling of migrants from Venezuela.	# of national, subnational, and/or regional institutional mechanisms supported and/or created for the prevention, identification, protection, assistance, integration and/or persecution of human trafficking and migrant smuggling	The institutional mechanisms supported include, for example: coordination mechanisms, protocols, roadmaps, advocacy, technical assistance, exchange of good practices, capacity building, provision of support for the operation and provision of services, actions of strengthen the functioning of its services (mobile for shelter, etc.) among other prevention, protection, assistance and judicialization actions. These mechanisms could drive measures that address gender, age, and diversity dimensions.
Output PRHT3	Improve access for Venezuelan refugees and migrants, victims or at risk of human trafficking and/or smuggled migrant, to comprehensive and high-quality assistance and protection services, including migrant documentation and regularization, and measures for access to justice, repatriation, return, reintegration, relocation and socio-economic integration, which consider their gender, age and diversity.	# of refugees and migrants who received assistance and protection services for victims or at risk of human trafficking and persons subject to smuggling	"The indicator includes women, men, girls, boys and LGBTI persons who access assistance and protection services specific to their gender, age and diversity in origin, transit and reception areas, such as counseling, psychosocial support, medical assistance, legal support, recreational activities, life skills, access to justice, integration, return, reintegration and relocation measures. Persons at risk of or victims of human trafficking in persons for sexual exploitation who received the services will be reported in this indicator. It also includes refugees and migrants who receive assistance in double affection."
Protection (Support Spaces)			
Output PRSS2	Provide critical protection-related assistance and specialized services, including case management and referral pathways, through an integrated approach (gender, PSEA, environment) to address the priority needs of targeted vulnerable gender, age, diversity and minority groups (e.g. Indigenous, afrodescendants) as well special groups with specific needs.	# of Support Spaces functioning	"This refers to all Support Spaces operating, including new structures that are incorporated into the initiative. The indicator seeks to measure the total number of Support Spaces providing services. The indicator should be reported by the Support Spaces National Platform focal points to avoid double counting. To be reported on a monthly basis. If there are no new structures to report or there are no changes in the operation of the structures, the previous month's number should be recorded."

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
 Outcome SH1	Contribute to increase the proportion of refugees and migrants from Venezuela living in adequate, safe and dignified housing in upgraded settlements with access to basic services	Proportion of refugee and migrant population from Venezuela living in adequate housing in upgraded settlements	
Output SH1	Refugees and migrants from Venezuela have access to adequate and properly managed temporary collective shelter solutions meeting minimum standards, where a multisectoral protection response and basic service provision is guaranteed thanks to the close coordination of all responsible stakeholders and active participation of the sheltered population.	# of refugees and migrants hosted in temporary supported collective shelter solutions	The indicator aims to measure the number of persons targeted receiving accommodation in temporary collective shelter.
Output SH2	Refugees and migrants from Venezuela have access to adequate and properly managed temporary collective shelter solutions meeting minimum standards, where a multisectoral protection response and basic service provision is guaranteed thanks to the close coordination of all responsible stakeholders and active participation of the sheltered population.	# of interventions in temporary collective shelter solutions supported with infrastructures improvements to achieve minimum standards	"This indicator aims to measure the interventions on new physical or improved structures complying with agreed standards and guidelines in order to provide appropriate services. * When intervention are only on WASH facilities, please do report it only to WASH sector"
Output SH3	Refugees and migrants from Venezuela have access to adequate and properly managed temporary collective shelter solutions meeting minimum standards, where a multisectoral protection response and basic service provision is guaranteed thanks to the close coordination of all responsible stakeholders and active participation of the sheltered population.	# of individuals working with refugees and migrants trained in collective shelter solutions management and related topics and cross-cutting themes	The indicator aims to measure the number of persons working/hosted in collective shelter received training to increase their knowledge and capacity to operate a collective shelter.
Output SH4	The most vulnerable refugees and migrants from Venezuela living in substandard dwelling benefit from temporary and/or durable individual shelter solutions through enhancing safety, dignity, privacy, resilience and tenure security, retrofitting them and/or support to any additional vulnerability caused by the shelter condition.	# of refugees and migrants provided with rent accommodation support as a short-term solution	The indicator aims to capture the number of persons targeted supported with rent as a short-term (emergency) shelter solution, to highlight, monitor and develop specialised technical support for this currently widespread urban shelter solution.
Output SH5	The most vulnerable refugees and migrants from Venezuela living in substandard dwelling benefit from temporary and/or durable individual shelter solutions through enhancing safety, dignity, privacy, resilience and tenure security, retrofitting them and/or support to any additional vulnerability caused by the shelter condition.	# of refugees and migrants provided with rent accommodation support as a long-term solution toward durable solutions	The indicator aims to capture the number of persons targeted supported with rent as a longer-term shelter solution, to highlight, monitor and develop specialised technical support for this currently widespread urban shelter solution.

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output SH6	The most vulnerable refugees and migrants from Venezuela living in substandard dwelling benefit from temporary and/or durable individual shelter solutions through enhancing safety, dignity, privacy, resilience and tenure security, retrofitting them and/or support to any additional vulnerability caused by the shelter condition.	# of refugees and migrants supported with accommodation in hotel rooms as a short-term individual shelter solution	The indicator aims to measure the number of persons targeted receiving accommodation in hotel rooms, as individual temporary shelter solutions, for example to support evicted families or individuals
Output SH7	The most vulnerable refugees and migrants from Venezuela living in substandard dwelling benefit from temporary and/or durable individual shelter solutions through enhancing safety, dignity, privacy, resilience and tenure security, retrofitting them and/or support to any additional vulnerability caused by the shelter condition.	# of refugees and migrants provided with new shelter constructions or shelter improvement works as a support for durable solutions	The indicator aims to capture number of persons targeted who benefit from new housing construction or repairing works that seeks to achieve long-term shelter solutions.
Output SH8	Physical living conditions (community/public infrastructure and environment) on formal and informal settlements, where refugees and migrants from Venezuela live, are improved with safe and dignified temporary and/or long-term site infrastructures, promoting social cohesion, resilience, and integration on a safe environment.	# of refugees and migrants and host community members benefiting from settlement infrastructures and/or settlement management	"The indicator aims to measure the number of individuals that are living within a targeted area or that conform a community who are benefitting from settlement infrastructure. This includes host community members as well as refugees and migrants from Venezuela. The intervention may be emergency/ temporary or for a longer duration. *This indicator does not include Collective Shelter. Only use it when is not reported to Health and Education Sector"
Output SH9	Physical living conditions (community/public infrastructure and environment) on formal and informal settlements, where refugees and migrants from Venezuela live, are improved with safe and dignified temporary and/or long-term site infrastructures, promoting social cohesion, resilience, and integration on a safe environment.	# of interventions in settlement infrastructures undertaken through supported construction	"The indicator aims to capture the number of technical interventions undertaken as a service provision to other sectors to benefit refugees, migrants and host communities. The intervention may be emergency/ temporary or for a longer duration. *This indicator does not include Collective Shelter. Only use it when is not reported to Health and Education Sector"
Output SH10	Provision of essential life-saving and life-sustaining household items to the most vulnerable refugees and migrants from Venezuela.	# of refugees and migrants provided with household items following minimum standards	The indicator aims to measure the number of individuals that receive shelter kits and/or household item assistance to supports restoring and maintaining health, dignity and safety and the undertaking of shelter needs on the transit or in the daily domestic activities in and around the shelter or home
Output SH11	Provision of essential life-saving and life-sustaining household items to the most vulnerable refugees and migrants from Venezuela.	# of households items kits distributed following minimum standards	The indicator aims to measure the number kits of essential households items distributed either in transit or at destination

Outcome WA1	Indicator	Indicator description /rationale
 Outcome WA1	Ensure availability of adequate safe water, hygiene and sanitation services, for refugees and migrants from Venezuela	% of target population with adequate WASH services and hygiene practices
Outcome WA2	Ensure availability of basic safe water, hygiene and sanitation services, in institutions for refugees and migrants from Venezuela	% of target facilities (HCF, schools, markets, transit centers, protection centers) with basic WASH services functioning

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Outcome WA3	Ensure that all plans proposal and budgets are inclusive with all refugees	# of National or local WASH policies, plans and budget, inclusive of refugees, migrants and host communities (ideally with provisions for emergency preparedness and response incl. COVID-19 response, and inclusive of community feedback and gender preferences)	
Output WA1	Refugees,migrants and host communities have access to basic and/or safely managed WASH services in communities, schools, health centers, transit centers, protection centers, other areas and spaces.	# of refugees and migrants and/or host communities provided with safe access to sufficient and safe water (at least basic water services level, JMP deft)	Number of individuals with safe access to a sufficient quantity of safe water, meeting at least basic water services level
Output WA2	Refugees,migrants and host communities have access to basic and/or safely managed WASH services in communities, schools, health centers, transit centers, protection centers, other areas and spaces.	# of refugees and migrants and/or host communities provided with safe access to improved sanitation facilities and environmental health	Number of individuals with access to improved facilities where excretas are safely disposed of in situ or removed and treated offsite, separated from human contact. Individuals are in a safe and healthy environment free of ODF, Vectors, stagnant water with safe access to a correct waste disposal
Output WA3	Refugees,migrants and host communities have access to basic and/or safely managed WASH services in communities, schools, health centers, transit centers, protection centers, other areas and spaces.	# of refugees and migrants and/or host communities provided with appropriate hygiene supplies and services (messages, items, facilities) including women and girls provided with menstrual hygiene management services	* Number of individuals accessing key hygiene promotion and education messages, items and infrastructure including for menstrual hygiene management. Basic Hygiene Services refers to handwashing facilities with soap and water available on-permises."
Output WA4	WASH national and local systems, including partners, are equipped to respond to refugees and migrants WASH, and assess, prevent and address risks at service delivery and user level	# capacity building activities conducted to strengthen water, sanitation and hygiene programs	# of individuals trained on WASH to respond to needs of refugees and migrants , This indicator encompasses all trainings, webinars, technical sessions with the participation of local, national and regional authorities, counterparts, civil society organizations, ethnic minorities organizations and members of the Sector.
Output WA5	Refugees,migrants and host communities have access to basic and/or safely managed WASH services in communities, schools, health centers, transit centers, protection centers, other areas and spaces.	# of refugees and migrants and/or host communities accessing learning facilities/health care facilities/protection-transit centres and/or host communities for refugees and migrants that have at least "basic" JMP service levels for water, sanitation and hygiene services	Number of individuals in institutions that are accessing at least BASIC WASH Services

Common Services (Communication)

Output CSC001	Develop and implement strategic communication initiatives to boost the visibility of the R4V Regional Platform and its response actions.	# of impressions/views to social media messages against xenophobia and discrimination and awareness-raising activities	This indicator seeks to measure the number of people reached through messages against discrimination and xenophobia and promoting the integration of refugees and migrants.
Output CSC002	Develop and implement strategic communication initiatives to boost the visibility of the R4V Regional Platform and its response actions.	# of views to the R4V newsletter	This indicator aims to measure the number of times the subscribers to the R4V newsletter open each biweekly edition.

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output CSC003	Develop and implement strategic communication initiatives to boost the visibility of the R4V Regional Platform and its response actions.	# of communication products published	This indicator seeks to measure the number of newsletters issued, published press releases, technical documents developed by the communication regional work group, products for communication campaigns (not linked to anti-xenophobia messages), social media content for the R4V sectors , and branding products.
Output CSC004	Develop and implement strategic communication initiatives to boost the visibility of the R4V Regional Platform and its response actions.	# of visits to the R4V website	This indicator seeks to measure the number of total visits to the R4V website, including the visits to the microsites of National and Sub-regional Platforms.
Output CSC005	Develop and implement strategic communication initiatives to boost the visibility of the R4V Regional Platform and its response actions.	# of institutional, press and civil society actors trained	The indicator aims to measure the number of actors from public or private institutions, the press and civil society organizations, who participate in trainings and workshops about the situation of refugees and migrants from Venezuela and their host communities in Latin America and the Caribbean.

Common Services (Coordination)

Output CSC01	Potential for coordination mechanisms is maximized to promote support to refugees and migrants from venezuela and R4V partners at all stages of the R4V response	# of multilateral coordination forum meetings relevant to the R4V response held on a regular and/or ad hoc basis	This indicator serves to capture all inter-agency coordinating meetings of Platforms Sectors, Working Groups, inter-sectoral (regional, sub-regional, national), as well as ad hoc meetings of R4V stakeholders within the R4V framework
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Common Services (Fundraising)

Output CSFU01	Enhance the support for the R4V response plan (RMRP) in an inter-agency and inter-sectoral manner	# of inter-agency resource mobilization activities	This includes activities conducted by two or more R4V response actors in a coordinated manner, that aim to mobilize donors (public and/or private sector) to enhance the funding levels of the RMRP. This can include donor briefings, donor missions, joint inter-agency and/or inter-sectoral presentations, etc.
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Common Services (IM)

Output CSIM01	Provide effective information management services to support needs and response analysis and monitoring, and the identification of gaps and access constraints (relates to SO1, SO2, SO3).	# of coordinated, including inter-sectoral / inter-agency, assessments conducted	This may include any type of quantitative of qualitative assessments that will be used by IM as data sources to the execution of their work
Output CSIM02	Provide effective information management services to support needs and response analysis and monitoring, and the identification of gaps and access constraints (relates to SO1, SO2, SO3).	# of common information management products, including infographics, datasets, statistics, and/or otherwise consolidated and stored information sets on affected population, needs and response, made available on a regular or ad hoc basis	This may include dashboards, maps, graphs, etc. produced.
Output CSIM03	Provide effective information management services to support needs and response analysis and monitoring, and the identification of gaps and access constraints (relates to SO1, SO2, SO3).	# of actors reporting under the RMRP monitoring framework	Using 5Ws tool, IM at national, subregional and regional level, report on a monthly basis the number of actors reporting their RMRP activities.
Output CSRE01	Provide effective reporting services at the national and regional levels (relates to SO1, SO2, SO3).	# of reports produced on the R4V response	This includes products developed by the relevant sectors or inter-agency coordination groups at the regional and national levels, such as SitReps, Updates, inter-sectoral guidance materials.

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Common Services (Transversal [CwC, PSEA, AAP])			
Outcome CSTR1	Promote an inclusive response based on humanitarian principles, incorporating cross-cutting issues such as the communication with communities, centrality of protection, environment, gender and age, disability inclusion, prevention of sexual exploitation and abuse, and accountability to affected populations.	% of affected populations that perceives the collective response implemented by R4V partners as safe, relevant, and accessible.	
Output CSTR01	Promote an inclusive response based on humanitarian principles, incorporating cross-cutting issues such as the communication with communities, centrality of protection, environment, gender and age, disability inclusion, prevention of sexual exploitation and abuse, and accountability to affected populations.	# of complaint and feedback mechanisms available to affected population (CwC, PSEA, AAP)	This indicator measures the two-way communication mechanisms that are established to collect feedback and complaints to adapt the response to new needs and trends identified, or to allow the safe handling of serious complaints. It includes mechanisms created to collect SEA and other complaints about staff misconduct.
Output CSTR02	Promote an inclusive response based on humanitarian principles, incorporating cross-cutting issues such as the communication with communities, centrality of protection, environment, gender and age, disability inclusion, prevention of sexual exploitation and abuse, and accountability to affected populations.	# of individuals accessing two-way communication mechanisms to voice their needs/concerns/feedback	This indicator measures if existing two-way communication mechanisms are functioning and accessible. It aims to assess the effectiveness of these systems both for affected populations and for incorporating feedback into the response.
Output CSTR03	Promote an inclusive response based on humanitarian principles, incorporating cross-cutting issues such as the communication with communities, centrality of protection, environment, gender and age, disability inclusion, prevention of sexual exploitation and abuse, and accountability to affected populations.	# of AAP inter-agency initiatives	This indicator measures the efforts of the platform's partners to be collectively accountable to affected populations, developing joint initiatives that expand outreach and optimise the use of resources. Initiatives to be counted include information provision collective initiatives (e.g.: UReport or info materials developed by more than one org, joint feedback and complaints mechanisms, joint community consultation)
Output CSTR04	Promote an inclusive and safe response based on humanitarian principles, integrating cross-cutting themes such as communication with communities, centrality of protection, disability, protection against exploitation and sexual abuse, and AAP.	# of organizations that have PSEA integrated in their codes of conduct, signed by their personnel, and have implemented related internal mandatory trainings	"This indicator stems from the Minimum Operating Standards on PSEA and seeks to understand compliance of R4V partners with this standard. All partner organisations need to have a code of conduct that includes the obligation of staff and associated individuals and entities, not to sexually exploit or abuse people and to comply with reporting obligations. Furthermore, all partners need to ensure that staff, volunteers and associates meet PSEA requirements, which starts by having all staff, volunteers and associated personnel sign the organisation's code of conduct."

Outcome/Output	Result Statement/Sector objective	Indicator	Indicator description /rationale
Output CSTR05	Promote an inclusive and safe response based on humanitarian principles, integrating cross-cutting themes such as communication with communities, centrality of protection, environment, gender and age, inclusion of disability, protection against exploitation and sexual abuse, and AAP.	# of SEA risk assessments completed	"This indicator reflects one of the priority areas of R4V PSEA efforts in 2022. Risk assessments are meant to form a comprehensive picture of SEA risks and response capacities in a particular geographical area, to inform the implementation/adjustment of response activities and PSEA programmes. The indicator seeks to demonstrate the degree to which R4V national platforms take steps to ensure all activities are designed and implemented based on an impartial assessment of SEA needs and risks and an understanding of the vulnerabilities and capacities of different groups, by using the R4V risk assessment methodology."

RMRP 2022 PARTNER ORGANIZATIONS

ABV - Association of Good with Life	Services Blumont	Y Capellanía Nacional OFICA	Fraternity Without Borders	International Federation of the Red Cross (IFRC)	and Argentine Social Entrepreneurs (MIRARES)	Humanos - CONICET (Consejo Nacional de Investigaciones Científicas y Técnicas)	United Nations High Commissioner for Refugees (UNHCR)
ACAPS	CARE	COOPI - International Cooperation Foundation	Fundación Brisas del Norte	International Labour Organization (ILO)	Mision Scalabriniana - Ecuador	RET International	United Nations Office of the High Commissioner for Human Rights (OHCHR)
Acción y Desarrollo	Caritas Brazil	Corporación Colectivo Sin Fronteras	Fundación Colombovenezolana Nueva Ilusión	International Medical Corps	Missão Paz	Salú pa Tur Foundation	United Nations Office on Drugs and Crime (UNODC)
ACTED	Caritas Ecuador	CRISFE Foundation	Fundación Nakama's	International Organization for Migration (IOM)	Museu A CASA	Salvation Army	United Nations Population Fund (UNFPA)
Action against Hunger	Caritas Germany	Cuso International	Fundación RadaBer	International Rescue Committee (IRC)	Norwegian Refugee Council (NRC)	Samaritan's Purse	United Nations Programme for Human Settlements (UN Habitat)
ActionAid	Caritas Manaus	Danielle's Children Fund (DCF)	Fundación Scalabrini Bolivia	INTERSOS	ONG Migrantes por el Maule	Save the Children International (SCI)	United Nations Settlements (UN Habitat)
Adventist Development and Relief Agency (ADRA)	Caritas Parana	Danish Refugee Council (DRC)	Fundación Social Vivan los Niños	Jesuit Migrant Service (JMS)	ONG Preemptive Love Coalition Colombia	Sección Peruana de Amnistía Internacional	Vale da Benção Educational and Charitable Association (AEBVB)
Alas de Colibrí Foundation	Caritas Peru	Development Support Association - APOYAR	FUNVEAC	Jesuit Refugee Service (JRS)	Organización Transfomando Vidas	Serço Pastoral dos Migrantes do Nordeste	VenAruba Solidaria
Alianza por la Solidaridad	Caritas Rio de Janeiro	Diakonie Katastrophenhilfe	German Development Cooperation Agency GIZ	Jesuit Service for Migrants and Refugees (JSMR)	Organization of Ibero-American States for Education, Science and Culture (OEI)	Sesame Workshop	Venex Curacao Foundation
Alianza por Venezuela	Caritas São Paulo	Diálogo Diverso	Globalizate Radio	Joint United Nations Programme on HIV/AIDS (UNAIDS)	OXFAM	Si, Da Vida	Venezolanos en Barranquilla
Americares Foundation	Caritas Switzerland	Doctors of the World	GOAL	Kimirina Cooperation	Panamerican Development Foundation	Solidarity and Action Asociation	Venezolanos en San Cristóbal
Argentine Commission for Refugees and Migrants (CAREF)	CCEFIRO Association	Dominican Institute for Integrated Development	Halü Bienestar Humano Foundation (HALU)	La Casita Hispanic Cultural Centre	Panamerican Health Organization/World Health Organization (PAHO/WHO)	SOS Children's Villages	Venezuelan Emigrant Foundation (FEV)
Asociación Aves	CEDRO	Duendes y Ángeles Vinotinto República Dominicana	Heartland Alliance International (HAI)	Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)	Pastoral of Human Mobility - Peruvian Episcopal Conference	Tarabita Foundation	Vicaría de Pastoral Social Caritas
Asociación de Jubilados y Pensionados Venezolanos en Argentina	Center for Integrated Studies and Programs for Sustainable Development (CIEDS)	Encuentros SJS (Servicio Jesuita de la Solidaridad)	HELNETAS Swiss Intercooperation	LGBT+ Movement Brazil	Pastoral Service for Migrants National	Tearfund	Voices GY
Asociación de Venezolanos en Eloy Alfaro	Center for Migration and Human Rights of the Diocese of Roraima (CMDH)	Ending Violence Against Migrants	HIAS	Living Water Community (LWC)	Permanent Human Rights defense Committee (CDH)	TECHO	We World GVC
Asociación Fundación contra el Hambre Perú	Centro de Atencion Psicosocial (CAPS)	Equidad Foundation	Human Rights Defence Curaçao	LLANOVENCOL	Pirilampos Institute - Group of visits and voluntary actions in Roraima	Terranueva Foundation	World Council of Credit Unions
Asociación Migrantes Venezolanos	CESAL	Equilibrium CenDE	Humanity & Inclusion	Lutheran World Federation	Plan International	Terre des Hommes Suisse	World Food Programme (WFP)
Asociación Misioneros de San Carlos Scalabrinianos	CESVI-Cooperazione e Sviluppo	Facultad de Psicología - Universidad de la República (UDELAR)	Humans Analytic	Lutheran World Relief	Population Program, Faculty of Social Sciences, University of the Republic	The Israel Forum for International Humanitarian Aid (IsraAID)	World Vision
Asociacion Proteccion Poblacion Vulnerable	ChildFund International	First International Emergency and Solidarités International	Idas y Vueltas Association	Malteser International	Profamilia Association	Unión Venezolana en Perú	ZOA
Asociación Quinta Ola	CHS Alternativo	Fondo Ecuatoriano Populorum Progressio	iMMAP	Mana Institute	Red con Migrantes y Refugiados	United Nations Children's Fund (UNICEF)	
Asociación Salto Ángel	Churún Merú Association	Foundation for the Integration and Development of Latin America (FIDAL)	IMPACT Initiatives (REACH)	Manos Veneguayas Association	Red Cross Colombia	United Nations Development Programme (UNDP)	
Asociación Venezuela en Ecuador AC	Coalición por Venezuela	Inmigrante Feliz Association	Instituto de Natural and Cultural Heritage (IPANC)	Más Igualdad Perú	Red Cross Ecuador	United Nations Educational, Scientific and Cultural Organization (UNESCO)	
ASOVENAR	Colonia Foundation of Venezuelans in the Dominican Republic (FUNCOVERD)	Institute for Migration and Human Rights (IMDH)	International Committee for the Development of People (CISP)	MedGlobal	Red Cross Peru	United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)	
Associação Hermanitos	COLVENZ	Institute of Natural and Cultural Heritage (IPANC)		Medical Teams International	Red de Investigaciones en Derechos	United Nations Food and Agricultural Organization (FAO)	
AVSI Foundation	Compassiva	International Committee for the Development of People (CISP)		Mercy Corps			
Bethany Christian	Consejo Interreligioso del Perú - Religiones por la Paz			Migrant Service Center (CAM)			
	Consortio ONG OCIPI			Migrants, Refugees			



Inter-Agency Coordination
Platform for Refugees and
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